

Case Number:	CM14-0216906		
Date Assigned:	01/06/2015	Date of Injury:	02/24/2007
Decision Date:	03/04/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old female with date of injury 02/24/07. The treating physician report dated 11/25/14 (11B) indicates that the patient presents with GI discomfort, constipation, low back pain, and bilateral hip pain. The physical examination findings reveal tenderness to palpation of the bilateral lumbar paraspinal musculature, and bilateral greater trochanteric bursae. Normal flexion. Decreased extension. Able to toe walk and heel walk without difficulty. Intact sensation in all dermatomes both lower limbs. Straight-leg raise is negative on the right, negative on the left. Positive Fortin on the bilateral PSIS. Prior treatment history includes LS-51 disk replacement on January 13, 2009. History of C-sections. Current medications are: Norco 7.5/325 mg one p.o. t.i.d., Senna-S 1-2 p.o. b.i.d., and Ketoprofen cream p.r.n. The current work status is not specified. The current diagnoses are: 1. Status post L5-S1 disc replacement.2. Bilateral lumbar radiculopathy, left greater than right. (722.10)3. Bilateral sacroiliitis. (720.2)4. Facet arthropathy of the lumbar spine. (724.8)5. Bilateral greater trochanteric bursitis. The utilization review report dated 12/15/14 (2A) denied the retrospective request for Norco 7.5/325mg, #90 (DOS: 11/25/14) based on no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Norco 7.5/325mg, #90 (DOS: 11/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term assessment Page(s): 88-91.

Decision rationale: The patient presents with GI discomfort, constipation, low back pain, and bilateral hip pain. The current request is for Retrospective request for Norco 7.5/325mg, #90 (DOS: 11/25/14). The treating physician states in a report dated 06/10/14 (45B) that the ?Norco does help with her pain and does allow her increased level of function. The MTUS guidelines state: (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, the treating physician, in a report dated 10/28/14 (32B) states We discussed a long acting medication to replace her short acting Norco. She has been using medication for a long period of time and she uses this daily. She is compliant with her medications and an alternative such as Butrans would be appropriate. She will use Norco as needed until the Butrans is authorized. Despite the treating physician's assertion that the Norco does help with the pain there is no evidence of a numerical scale or validated instrument being used to record the decrease in pain, as required by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

Norco 7.5/325mg, #90: Upheld

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