

Case Number:	CM15-0112864		
Date Assigned:	06/19/2015	Date of Injury:	08/12/1997
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 59 year old male who sustained an industrial injury on 08/12/1997. Mechanism of injury was a slip and fall on stairs and injured his knee and hip. Diagnoses include lumbago, and back symptoms. Treatment to date has included diagnostic studies, medications, gym membership, and epidural steroid injections. He is not working, he is retired. His medications include Vicodin and Flexeril. A physician progress note dated 06/02/2015 documents the injured worker still has pain on the left greater trochanter to palpation. Neuro exam revealed strength was 4/5 L5-S1 muscles. He has a positive Straight Leg Raise-left leg. His average pain is 4 to 8. With medications his pain is for 0 to 3, and without medications his pain is rated 3 to 8. The treatment plan includes a referral for physical therapy to help reduce his pain and so he can exercise and hope to avoid another epidural. Treatment requested is for Retro DOS 6/2/15 Norco 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 6/2/15 Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Retro DOS 6/2/15 Norco 5/325mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain on the left greater trochanter to palpation. Neuro exam revealed strength was 4/5 L5-S1 muscles. He has a positive Straight Leg Raise-left leg. His average pain is 4 to 8. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Retro DOS 6/2/15 Norco 5/325mg is not medically necessary.