

Case Number:	CM15-0114271		
Date Assigned:	06/22/2015	Date of Injury:	06/29/2000
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 6/29/00. The injured worker was diagnosed as having lumbago, low back pain, trochanteric bursitis, joint dysfunction and long-term use of medications. Treatment to date has included oral medication including Norco and Vicodin and activity restrictions. Currently, the injured worker complains of continued low back pain and left hip pain rated 4/10 with medications. She is permanently disabled. Physical exam noted tenderness at lumbar spine and facet joint, decreased flexion, decreased extension and decreased lateral bending and tenderness of left sacroiliac joints with tenderness of greater trochanter to palpation. The treatment plan included continuation of prescription medication management. A request for authorization was submitted for Norco 10/325mg #150 and SI joint injection, piriformis injection, trochanteric bursa injection. A urine drug testing to January 22, 2015 is consistent. A progress report dated January 21, 2015 indicates that the patient denies any side effects and does not display any aberrant behavior. A progress report dated February 23, 2015 indicates that the medication help the patient function at home and without medication she is mostly bedbound and unable to do many things. A urine drug screen performed February 23, 2015 is consistent. A progress report dated April 21, 2015 indicates that the medication decreases the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 for 30 days MED 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 43, 74, 86, 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325mg #150 for 30 days MED 60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco 10/325mg #150 for 30 days MED 60 is medically necessary.