

Case Number:	CM15-0115049		
Date Assigned:	06/23/2015	Date of Injury:	12/13/2012
Decision Date:	07/27/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 42 year old female who sustained an industrial injury on 12/13/2012. The injury occurred when she was pushing a patient in a wheelchair up and down a steep hill. Injury to her back, hips, knee, ankle and nervous system/psych were reported. Treatment and evaluation to date has included medications, x-rays, physical therapy, MRI and a functional restoration program. According to a psychiatric evaluation dated 01/15/2015, the review of records showed utilization of Norco dating back to 04/10/2013. According to a progress report dated 04/29/2015, the injured worker had low back pain and right hip pain. She graduated from a functional restoration program and had been made permanent and stationary. She was not currently working and stated that she did not feel that she would be able to return to work at her previous job working with disabled clients as an aid worker. The provider noted that the injured worker used about one or two Norco per day previously. Current medications included Docusate Sodium, Senna, Salonpas patch, Orphenadrine-norflex ER, Quetiapine Fumarate-seroquel, Hysingla ER and Norco 10-325mg until new medication is authorized and Valium prior to MRI. Diagnoses included long-term use meds not elsewhere classified, spondylosis lumbosacral, muscle disorder not elsewhere classified, right ilio-psoas spasm/bursitis and sprain sacroiliac. Prescriptions included Norco 10-325mg one tablet a day for 7 days until new medication is authorized quantity 14, Orphenadrine-norflex ER 100mg #90 take one at bedtime muscle spasm as needed quantity 90 and Quetiapine Fumarate-seroquel 25mg one every bedtime quantity 60. Valium was discontinued. The provider noted that Hydrocodone improved the injured worker's VAS score from about 5-8 on a scale of 1-10 without medication to about a 2 or 3 with

medication. She was able to do simple activities of daily living with medication. Currently under review is the request for Norco 10/325mg seven count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, seven count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back and hp pain. Norco has been prescribed for more than one year. CA MTUS Chronic Pain Medical Treatment Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. CA MTUS guidelines state that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The treating physician did not document the least reported pain over the period since the last assessment, average pain, how long it takes for pain relief and how long pain relief lasts. These are necessary to meet MTUS guidelines. Documentation submitted for review shows long-term use of opioids. There was no objective evidence of functional improvement with the use of Norco. The injured worker is not working. Although it was noted that the medication allows the injured worker to perform activities of daily living, there was no discussion of significant and specific improvement in activities of daily living as a result of use of Norco. Office visits have continued at the same frequency. Due to lack of functional improvement, the request for Norco 10/325mg is not medically necessary.