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| Case Number: | CM15-0099186 | | |
| Date Assigned: | 06/01/2015 | Date of Injury: | 03/13/2014 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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 62-year-old female, with a reported date of injury of 03/13/2014. The diagnoses include left leg pain and bilateral hip pain. Treatments to date have included oral medications, topical pain medications, and steroid injection to the right hip. The medical report dated 03/04/2015 indicates that the injured worker returned for an evaluation of her right hip pain and left knee pain. It was noted that she still had a lot of hip pain and knee pain. The injured worker took Norco for breakthrough pain. The physical examination showed that the injured worker was still very tender over the right trochanteric bursa. The previous injection did not help. The left knee was sore also. The medical report dated 04/13/2015 indicates that the injured worker still had a lot of right hip pain, and that she was very tender over the trochanteric bursa. The medications helped relieve the effects of her industrial injury and allowed her to function at her current levels. It was noted that the injured worker tolerated the medications well. The injured worker had negative hip impingement signs. Her left knee remained sore and it buckled occasionally. The treating physician requested Norco 5/325mg #50. Notes indicate that noncertification of Norco has occurred multiple times due to lack of documentation of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #50 prescribed 4/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.