

Case Number:	CM13-0043910		
Date Assigned:	12/27/2013	Date of Injury:	05/30/2011
Decision Date:	05/23/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old male who reported an injury on 05/30/2011. The mechanism of injury was not provided for review. The clinical documentation submitted for review only included a chronic pain psychological assessment dated 12/16/2012. The evaluation determined that the injured worker had chronic pain and psychological deficits consistent with posttraumatic stress disorder. A request was made for Norco. However, there was no justification for the request as there was no current documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested Norco is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of opioids in the management of chronic pain after the injured worker has failed all first-line oral medications. There was no clinical documentation to support that the injured worker had failed to respond to

first-line medications. Additionally, the request as it is submitted does not provide a frequency, quantity, or dosage. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested unknown prescription of Norco is not medically necessary or appropriate.