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| Case Number: | CM13-0055191 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/22/2013 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/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 36-year-old female who reported an injury on 03/22/2013 after a fall while performing normal job duties. The injured worker's treatment history included physical therapy for the left knee, left ankle, left foot, and physical therapy for the mid and low back, acupuncture for the lower extremity, and medications to include Norco 10/325 mg. The injured worker's most recent evaluation dated 09/13/2013 documented that the injured worker complained of pain to the low back and left knee, diffuse pain in the thoracic area, bilateral shoulders, bilateral wrists, left knee, and left ankle. Physical findings included a positive sciatic notch tenderness bilaterally, positive straight leg raising test to the left, and tenderness to palpation over the central paralumbar musculature. The injured worker's diagnoses included lumbar sprain/strain, a cervical spine sprain/strain, radiculitis, internal derangement of the knee, sleep disturbance, anxiety, and depression. The injured worker's treatment plan included referral to a psychiatrist and continued use of medications to include Norco, Voltaren XR, and other topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG, #30: 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 Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends the continued use of opioids be documented by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 06/2013. However, there is no documentation that the injured worker is monitored for aberrant behavior. Additionally, there is no documentation of significant pain relief or evidence of functional improvement related to medication usage. Therefore, continued use would not be supported. As such, the requested Norco 5/325 mg #30 is not medically necessary or appropriate.