

Case Number:	CM13-0069666		
Date Assigned:	05/12/2014	Date of Injury:	07/31/2007
Decision Date:	07/10/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/23/2013

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 47 year old male with a reported date of injury on 07/31/2007. The mechanism of injury was a fall. The fall resulted in an open fracture of left olecranon, a closed pelvic fracture, and a left proximal fibular head fracture with left knee side location. The progress note dated 04/24/2014 listed the diagnoses as left tibial injury, left knee pain with stretched ligament, left elbow fracture resolved, left hand fracture metacarpal status post splint x 56 weeks resolve and problem list as pelvis fracture after fixation, left fibular right fracture, left peroneal left nerve injury with neurotmesis, left knee pain with stretched ligament, left elbow fracture with plate gap, left hand fracture metacarpal status post splint x 4 weeks with decreased grip improving, left deep vein thrombosis/pulmonary embolism, right knee strain, meniscus injury, impotency, and memory issues. The progress noted the injured worker reported left foot pain, and right lower back pain. The injured worker was prescribed Norco for acute pain rated 10 to 4 which the provider noted he didn't use every day. The request for authorization form was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: The request for Norco is not medically necessary. The injured worker has been prescribed Norco since 12/17/2013. The California Chronic Pain Medical Treatment guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). The guidelines indicate the use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines indicate satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There was a lack of documentation indicating the efficacy of the medication. The submitted request did not specify the dosage, frequency, or quantity of the medication. Therefore, the request is not medically necessary.