

Case Number:	CM14-0102435		
Date Assigned:	07/30/2014	Date of Injury:	12/01/1998
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old individual was reportedly injured on December 1, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 18, 2014 indicates that there are ongoing complaints of neck pain, low back pain and lower extremity pain. The physical examination demonstrated a 5'5", 107 pound individual who is normotensive (124/84). No other specific pathology is identified. Diagnostic imaging studies objectified no acute pathology in the right foot. Previous treatment includes injection therapy, multiple medications, radiofrequency ablation. A request had been made for narcotic analgesic medications and was not certified in the pre-authorization process on June 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain-Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: When noting the date of injury, the original injury sustained, the additional complaints of pain, the findings noted on physical examination; tempered by the parameters identified in the MTUS Guidelines, there is no clear clinical indication why a weaning protocol should not be initiated. As outlined in the MTUS, this medication is indicated for the short-term management of moderate to severe breakthrough pain. Noting this medication is being used indefinitely, for chronic use, and that there is no objective parameter of increased functionality, ability return to work or moderation in the pain complaints there simply is insufficient data presented to support the medical necessity of this medication. Therefore, this request for Norco 10/325mg #120 is not medically necessary.