

Case Number:	CM14-0014932		
Date Assigned:	02/28/2014	Date of Injury:	04/08/1999
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family Medicine 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 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:

This injured worker's date of injury is 04/08/1999. The initial work related injury is described as a cervical and lumbar strain. The treating physician is treating the patient for chronic neck and low back pain. There is little documentation of level of functioning, current symptoms, physical findings, or results of previous treatments. The request is for refills of Norco 10/325mg. One of the previous reviewers reviewed a clinical note dated 1/15/14, but this was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: 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 for chronic pain Page(s): 80-86.

Decision rationale: This request is for Norco 10/325 mg, a branded version of a combination pill containing hydrocodone 10 mg and acetaminophen 325 mg. Hydrocodone is a short acting opioid medically indicated for the short term management of pain. The medical records provided do not contain documentation from the treating physician any of the following: present symptoms of the patient, results of imaging studies, the physical exam, functional assessment, or

other treatments tried and failed. There is no documentation of any behavioral issues with chronic opioid use, drug tolerance or addiction. Based on the documentation, Norco is not medically indicated for this patient.