

Case Number:	CM14-0017981		
Date Assigned:	02/21/2014	Date of Injury:	06/14/2006
Decision Date:	06/24/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopaedic Surgery 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:

The injured worker is a 47-year-old male who was injured on June 14, 2006. The utilization review in question was rendered on December 5, 2013. It is unclear how the reviewer modified this request. It does not appear this request was noncertified. The request appears to ask for 180 tablets of Norco 10/305 mg which is what was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #180 (ONE MONTH SUPPLY FOR WEANING PURPOSES):

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-96.

Decision rationale: The request appears to have been certified by the reviewing clinician. The request itself was for 180 mg tablets with no refills, which is what was certified. Given that the injured has promptly been using this medication it is considered medically necessary.