

Case Number:	CM14-0115283		
Date Assigned:	08/06/2014	Date of Injury:	01/02/1998
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 71-year-old female who reported an injury on 01/02/1998. The mechanism of injury was not provided. On 07/14/2014, the injured worker presented with pain the low back and right knee. Upon examination, the injured worker had a slow and steady gait and there was tenderness and swelling to the right knee. The diagnosis was post laminectomy syndrome in the lumbar region and morbid obesity. Current medications included Norco. The provider recommended Norco 10/325 mg. The provider's rationale was not provided. The Request for Authorization form was dated 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg every 8 hours #270 for a One-Month Supply: 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, Criteria for use Page(s): 78.

Decision rationale: The request Norco 10/325 mg every 8 hours with a quantity of 270 for a 1 month supply is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review

and documentation of pain relief, functional status, evaluation of risk for aberrant drug use behavior, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's painful, functional status, evaluation, or risk for aberrant drug use behavior and side effects. The efficacy of the prior use of Norco has not been established. As such, this request is not medically necessary.