

Case Number:	CM14-0120541		
Date Assigned:	08/06/2014	Date of Injury:	12/02/2013
Decision Date:	09/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 40-year-old male was reportedly injured on December 2, 2013. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated June 23 2014, indicated that the pain level was down to 0/10 for the ankle but 7/10 for the low back. The physical examination demonstrated 5'7", 218 pound hypertensive (150/96) individual with a slightly limited lumbar spine range of motion. Lumbar spine range of motion was slightly decreased. Motor function was noted as 5/5. Diagnostic imaging studies were not reported. Previous treatment included medications, physical therapy, and pain management interventions. A request had been made for Norco and was not certified in the pre-authorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG QTY 20 REFILLS 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: As outlined in the MTUS, this medication is a short acting opioid indicated for the management of moderate to severe breakthrough pain. Based on the physical examination reported and on the clinical findings noted in the physical therapy notes, there is no clinical data presented to support an ongoing need for this medication. There was no increase in functionality, decrease in symptomatology as the lumbar pain continues to be 7/10. Therefore, when noting the parameters outlined in the MTUS and by the physical examination findings, the medical necessity for continued use of this medication has not been established.