

Case Number:	CM14-0155555		
Date Assigned:	09/25/2014	Date of Injury:	02/08/1998
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 64-year-old female who reported an injury on 02/08/1998 due to an unknown mechanism. Diagnoses were cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and right ankle sprain/strain. The physical examination dated 09/03/2014 revealed complaints of pain that were rated a 6/10. It was reported that the symptoms were present 100% of the day. The injured worker described her symptoms as radiating down to both arms into the hands and to the base of the skull. Examination revealed bilateral straight leg raise was positive. There was a positive Kemp's test bilaterally. The treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab q6hrs 30 days #120 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The decision for Norco 10/325mg 1 tab q6hrs 30 days #120 no refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines

recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The 4 A's for ongoing management of an opioid medication were not reported. Objective functional improvement for the injured worker was not reported. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.