

Case Number:	CM14-0179247		
Date Assigned:	11/03/2014	Date of Injury:	09/16/2010
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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:

The injured worker (IW) is a 26-year-old man who stepped on some meat debris and slipped and fell onto his back on September 16, 2014. Pursuant to the most recent progress note dated June 11, 2014, the documented medications include: Amitriptyline HCl 100mg, and Norco 10/325mg. There are no subjective complaints documented. The only objective physical examination findings included only vital signs. The IE was diagnosed with sacroccocygeal arthritis, muscle spasms, and degeneration of lumbar disc. The treatment plan recommendations include medication refills, and follow-up in 3 months. The documentation indicated that the IW has been taking Norco since at least March 12, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #240 is not medically necessary. Chronic opiate use requires documentation reflecting ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the progress note dated June 11, 2014 indicated the injured worker was denied a request for gym services, he continues to apply for jobs describing various cashier jobs, mechanic positions attempting to improve his activities. He walks regularly. He was prescribed Norco 10/325 on March 12, 2014. This latest progress note does not contain a physical examination. There is no diagnostic testing in the medical record. There are no pain assessments in the medical record. There is no objective functional improvement documented in the medical record. The medical record shows the opiates prescribed are excessive based on the objective documentation in the record. Consequently, Norco 10/325 mg #240 is not medically necessary.