

Case Number:	CM14-0180755		
Date Assigned:	11/05/2014	Date of Injury:	05/26/1997
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 61-year-old woman who sustained a work-related injury on May 26th 1997. Subsequently she developed right lower extremity pain. According to a progress report dated on October 7, 2014, the patient was complaining of right ankle swelling with pain and limitation of range of motion. The patient pain severity was rated between 3 and 8/10. The patient was treated with Norco with documentation of full pain control and functional improvement. The patient physical examination demonstrated hypersensitivity to light touch, burning sensation, diminished pulses, and severe tenderness to palpation of the knees bilaterally, and lumbar tenderness with reduced range of motion. The patient was diagnosed with chronic pain, low back pain and bilateral knee pain. The provider requested authorization to use Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-79.

Decision rationale: There is no clear evidence for the need for Norco in this case. There is no documentation of the duration of the treatment or plans to monitor the efficacy, safety and compliance with the drug. There is no documentation of full pain control and functional improvement with previous use of opioids. There is no documentation of failure of first line drugs to justify the use of narcotics. Therefore, the prescription of Norco 10/325mg is not medically necessary.