

Case Number:	CM14-0032282		
Date Assigned:	06/20/2014	Date of Injury:	09/02/2010
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/13/2014

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 and 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 injured worker is a 48-year-old male was reportedly injured on 9/2/2010. The mechanism of injury was noted as a lifting injury of having materials associated with employment as a journey electrician. The most recent progress note dated January 29, 2014, indicated that there were ongoing complaints of right lower quadrant abdominal pain. The physical examination demonstrated a palpable hernia in the right lower quadrant with positive tenderness to palpation at the right lower quadrant. Diagnostic imaging studies included a computed tomography (CT) scan of the abdomen and pelvis performed on 4/13/2011, which revealed no acute findings and bilateral kidneys showed cortical cysts with recommendation for renal ultrasound if indicated and an incidental finding of bullet from prior gunshot wound, Gastrointestinal structures showed no acute findings. Previous treatment included Norco 10/325mg and a stool softener. A request was made for Norco 10/325mg #180 and was not certified in the pre-authorization process on 2/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 75-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opioid combined with acetaminophen. CA MTUS supports short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. This 48-year-old male suffered from lower right quadrant (LRQ) abdominal pain since 2010. However, there was no objective clinical documentation of improvement in his pain or function with the current regimen. As such, this request to continue the use of this medication in a long term fashion is not considered medically necessary.