

Case Number:	CM14-0032520		
Date Assigned:	06/20/2014	Date of Injury:	02/14/2002
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 52 year-old male who was reportedly injured on February 14, 2002. The mechanism of injury was noted as a work related motor vehicle collision. The most recent progress note, dated January 30, 2014, indicated that there were ongoing complaints of back pain, low back pain and knee pain. The physical examination demonstrated a 5 feet 9 inches, 202 pound individual who was normotensive. The injured employee appeared to be in no acute distress. Motor function was noted to be 5/5. Sensory was intact. Diagnostic imaging studies were referenced but not reviewed. Previous treatment included surgical intervention for the knee, lumbar fusion surgery, postoperative physical therapy and multiple medications. A request had been made for Norco and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list.

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: The request appears to be the use of 30 tablets of Norco per week. There was a reference that this has allowed a return to work. It was noted that the injured employee has been able to return to work in a heavy duty situation even after having gotten significant repairs of the knee and lumbar fusion removal of hardware. There appeared to be pain control and a return to work with the medication profile employed. It was noted that appropriate follow-up urine drug screening had not been accomplished and apparently secondary to administrative issues. Therefore, with the understanding that this individual has returned to work, has the pain control, and the medication protocol has not escalated, there is a medical necessity for this preparation. The request is medically necessary and appropriate.