

Case Number:	CM14-0033055		
Date Assigned:	06/13/2014	Date of Injury:	06/14/2011
Decision Date:	07/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 Orthopedic Surgery 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 59-year-old male who was reportedly injured on June 14, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 15, 2014, indicated that there were ongoing complaints of low back pain and neck pain. The injured employee has recently completed 2 visits of physical therapy with some relief. Additionally, chiropractic care was delivered. The claimant continued to work full duty, and there were no work restrictions reported. The physical examination demonstrated evidence of well-healed burn scars, skin graft sites that are clean, dry and intact. There were areas of decreased sensation in the right L4, L5 & S1 dermatomes, and motor was 4+/5. Diagnostic imaging studies were not presented for review. Previous treatment included medications, physical and chiropractic therapies and treatment for nonrelated lower extremity thermal injury. A request had been made for narcotic analgesics and was not certified in the pre-authorization process on February 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP NORCO 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: A review of the most recent progress notes indicate the pain levels to be in the 6/10 level. There was no noted efficacy or utility with the utilization of analgesic medications. It is understood that the injured employee has returned to work, but there was no reported decrease in pain complaints, findings on physical examination, functional improvement or pain relief associated with this medication. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule, the standards for continued utilization of narcotic analgesics are not met. Therefore, the request for Hydrocodone/APAP Norco 10/325 mg # 90 is not medically necessary and appropriate.