

Case Number:	CM14-0033285		
Date Assigned:	08/27/2014	Date of Injury:	03/12/2009
Decision Date:	10/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 58 year old male who sustained an injury on 03/12/09. No mechanism of injury was noted. The injured worker has been followed for complaints of chronic low back pain. The injured worker has utilized medications to include Vicodin, and Omeprazole. The injured worker did have GI upset with the use of medications. The 02/12/14 evaluation noted vital signs with no evidence of side effects. The injured worker was started on Tylenol 500mg q6h and Norco 5/325mg at night at this evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Norco 5/325mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The 02/12/14 evaluation noted that the injured worker was to start this medication in addition to Tylenol at

2grams per day. This and the requested Norco would exceed the FDA guidelines recommending a maximum of 2g of Tylenol in a day. Furthermore, the clinical documentation did not indicate any substantial benefits obtained with prior use of medications in the same drug class as Norco. As such, this reviewer would not recommend the request as medically necessary.