

Case Number:	CM14-0044575		
Date Assigned:	07/02/2014	Date of Injury:	06/05/2009
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 33-year-old female who reported an injury 6/5/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 06/30/2014 indicated the injured worker had her hip replaced and had fractured her right tibia, fibula, was casted and non-weight-bearing for the closed reduction of the fracture. The injured worker reported she had been taking Norco for pain. However, Norco did not help her. The injured worker wanted to return to Percocet. The injured worker's treatment plan included a prescription for Percocet and Soma. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Percocet. The provider submitted a request for Norco. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180/month x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list ;Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Norco 10/325mg #180/month x 3 refills is non-certified. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition the request does not indicate a frequency for this medication. Moreover the injured worker reported that Norco does not help her pain. Therefore, the request for Norco is not medically necessary.