

Case Number:	CM14-0061164		
Date Assigned:	07/09/2014	Date of Injury:	01/22/2010
Decision Date:	09/23/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/02/2014

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 Mississippi. 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 records presented for review indicate that this 57 year old female was reportedly injured on January 22, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated May 30, 2014, indicates that there are ongoing complaints of sadness, anxiety, and difficulty sleeping. Diagnostic studies reported a score 46 on the Beck depression inventory, a score of 28 the Beck anxiety inventory, and a score of 17 on the Epworth sleepiness scale. No physical examination was performed on this date. There was also no physical examination performed on the previous date of March 28, 2014. Previous treatment includes a left knee arthroscopy and right ulnar nerve transposition as well as acupuncture. A request was made for Norco 10/325 and was not certified in the preauthorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 Refill: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, a review of the recent medical records does not indicate any objective pain relief or improvement in function or ability to perform activities of daily living secondary to the usage of Norco. As such, this request for Norco 10/325 milligrams is not medically necessary.