

Case Number:	CM14-0083376		
Date Assigned:	07/25/2014	Date of Injury:	08/02/2009
Decision Date:	09/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 records presented for review indicate that this 28-year-old female was reportedly injured on August 2, 2009. The mechanism of injury is noted as a cupboard door falling on her right foot. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of right foot pain. The physical examination demonstrated mild swelling of the right hand and the right foot. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the use of oral medications and a spinal cord stimulator. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on May 14 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg three times daily as needed for chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted Page(s): 17, 24, 63, 68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines, treatment index.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): e 74-78, 88, 91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California 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. It is unclear why the injured employee needs this medication over four years after the stated date of injury. There is no objective clinical documentation of improvement in their pain or function with the usage of Norco. As such, this request for Norco is not medically necessary.