

Case Number:	CM14-0112649		
Date Assigned:	08/01/2014	Date of Injury:	05/30/2012
Decision Date:	04/21/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 57-year-old female, with a reported date of injury of 05/30/2012. The diagnoses include lumbosacral radiculopathy and ankle tendonitis and bursitis. Treatments have included chiropractic treatment, a walker, and oral medications. The progress report dated 06/23/2014 indicates that the injured worker complained of chronic pain in her lumbar spine and right foot and ankle. The physical examination showed spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension; and discomfort with pain on dorsiflexion and plantar flexion of the right ankle against the gravity. The treating physician requested Norco 10/325mg #60 for nociceptive pain. It was noted that the injured worker took the medication without any side effects. On 07/11/2014, Utilization Review (UR) denied the request for Norco 10/325mg #60, noting that there was a lack of evidence of functional and pain improvement and subjective and objective findings, with the use of Norco. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): s 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of Norco, and thus is not medically necessary.