

Case Number:	CM14-0182404		
Date Assigned:	11/07/2014	Date of Injury:	06/13/2012
Decision Date:	01/05/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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:

This individual is a 36 y/o male who was involved in a motor vehicle accident on 6/13/12. He suffered multiple fractures, mild concussion and the complications of DVT and pulmonary embolism. He continues to have moderate chronic pain most intense in the low back and left leg. He utilizes Norco up to 4 per day on a long-term basis. He also utilized Baclofen at night only that benefits his muscle spasm. There is no history of aberrant drug related behaviors. The PTP documents improved pain and activity with use. In addition to the PTP documentation, the QME evaluator documents near daily gym attendance as part of his self-rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines support the judicious and responsible use of opioid medications when there is pain relief and functional benefits. The PTP's documentation is adequate enough to conclude that the limited Norco use is consistent with Guidelines. Pain relief

is reported, as is an active functional program. No aberrant behaviors are apparent. Under these circumstances the Norco 5/325 #120 is medically necessary.