

Case Number:	CM14-0200508		
Date Assigned:	12/19/2014	Date of Injury:	07/18/2012
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency 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:

The injured worker is a 43 year-old female, who sustained an injury on July 18, 2012. The mechanism of injury occurred from being knocked down by a gust of wind. Treatments have included: right hernia repair, medications. The current diagnosis is: s/p right inguinal hernia repair The stated purpose of the request for Norco 10/325mg #120 with 1 refill Qty: 2.00 was to provide pain relief. The request for Norco 10/325mg #120 with 1 refill Qty: 2.00 was denied on November 6, 2014, citing a lack of documentation of opioid surveillance. Per the report dated October 10, 2014, the treating physician noted complaints of pain to the abdomen and inguinal area post hernia repair. Exam shows lumbar muscle tenderness and right inguinal tenderness with pain restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill QTY: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: The requested Norco 10/325mg #120 with 1 refill QTY: 2.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80 and Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the abdomen and inguinal area post hernia repair. The treating physician has documented lumbar muscle tenderness and right inguinal tenderness with pain restricted range of motion. The treating physician has not documented Visual Analog Scale (VAS) pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit, i.e., improvements in activities of daily living or reduced work restrictions, decreased reliance on medical intervention, or measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, this request for Norco 10/325mg #120 with 1 refill QTY: 2.00 are not medically necessary.