

Case Number:	CM14-0213266		
Date Assigned:	12/30/2014	Date of Injury:	07/03/2013
Decision Date:	05/01/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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: Physical Medicine & Rehabilitation

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 25-year-old female who reported an injury on 07/03/2013. The mechanism of injury was not provided. On 12/08/2014, the patient presented with constant lumbar spine pain. The diagnosis was L3-S1 progression of disc herniation. A current medication list was not provided for review. The provider recommended Norco 10/325 mg. A Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 5/325 mg, with a quantity of 60, is not medically necessary. The California MTUS recommends opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects should be evident. There was a lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and a current urine drug screen was not submitted for review. Additionally, a complete and adequate pain assessment was not provided. There is no information on treatment history or efficacy of the prior use of the medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.