

Case Number:	CM15-0001832		
Date Assigned:	01/12/2015	Date of Injury:	11/01/2010
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

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 50-year-old female who reported an injury on 11/01/2010. The mechanism of injury was not provided. On 11/21/2014, the injured worker presented for a followup. She had complaints of depressive based symptoms such as sadness, social avoidance, sleep disturbance, appetite changes, and denied suicidal ideation. Upon examination, the injured worker looked tired and drained. She reported anxiety based symptoms. She had reports of experiencing panic attacks and symptoms of physical trembling, excessive perspiration and chest pain. She stated she was unable to concentrate on things and that she tires easily. Her medications included Klonopin, Paxil, and trazodone. The treatment plan included Norco 5/325 mg tablets. No rationale provided. The 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 tabs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Norco 5/325mg tabs is not medically necessary. The California MTUS Guidelines recommend the use of 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 is lack of documentation of an objective assessment of the injured workers pain level, functional status, appropriate medication use, and side effects. A recent pain contract and urine drug screen was not submitted for review. Additionally, there is no information on treatment history and the length of time the injured worker had been prescribed Norco. The providers request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.