

Case Number:	CM15-0016715		
Date Assigned:	02/05/2015	Date of Injury:	02/01/2013
Decision Date:	04/02/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 48 year old male, who sustained an industrial injury on February 1, 2013. He has reported being assaulted. The diagnoses have included status post blunt head trauma with associated cephalgia, rule out post-concussion syndrome, cervical spine sprain/strain with radiation to the upper extremities, thoracic strain, status post lumbar fusion with status post hardware removal aggravated by industrial assault rule out recurrent disc herniation, bilateral shoulder sprain, left resolved right worsening, right wrist sprain rule out possible triangular fibrocartilage complex tear, right knee sprain rule out internal derangement, posttraumatic stress disorder, and facial trauma. Treatment to date has included physical therapy, TENS, and medications. Currently, the injured worker complains of neck, low back, left wrist, right knee, and bilateral hip pain. The Primary Treating Physician's report dated December 22, 2014, noted the injured worker reporting that Norco helps his pain from a 6 to a 2 as it allows him to ambulate for 40 minutes as opposed to 20 minutes without having to stop secondary to pain. Examination of the cervical spine revealed diffuse tenderness to the paraspinals with spasms and hypertonicity, and tenderness over the suboccipital region. Examination of the lumbar spine revealed diffuse paraspinals tenderness with positive Kemp's test and positive straight leg raises bilaterally. Examination of the right knee revealed medial joint tenderness with pain with range of motion (ROM), and the right wrist examination revealed dorsal tenderness and swelling over the distal radius. On January 7, 2015, Utilization Review non-certified Norco 10/325mg #90 1 tablet by mouth every 8 hours as needed for pain, noting there was no significant indication of functional improvement with this medication, and no urine drug screens were provided for

review. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #90 1 tablet by mouth every 8 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 1 tablet by mouth every 8 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 78-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

Decision rationale: Guidelines recommend that analgesia, activities of daily living, aberrant drug taking behavior and adverse side effects should be monitored in patients taking opioids. Furthermore opioids should be dosed at the lowest dose for the shortest period of time. In this case, clinical documentation fails to indicate any significant functional improvement and fails to document any assessment of aberrant drug taking behavior. Thus, the request for Norco 10/325 mg #90 is not medically appropriate and necessary.