

Case Number:	CM15-0020385		
Date Assigned:	02/10/2015	Date of Injury:	12/15/2008
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on December 15, 2008. The diagnosis was not present in the medical record. Treatment to date has included oral medications. Currently, the injured worker complains of low back pain. In a progress note dated April 23, 2014, the treating provider reports records difficult to read. On January 27, 2015 Utilization Review non-certified a Norco 10/325mg take one by mouth every four to six hours for pain quantity 120, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, take 1 PO q4-6 hrs for pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use, and Weanin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when very specific standards and conditions are met. These include quantification of the amount of pain relief from

opioids, how long the pain relief lasts, objective improvements in function as a result of opioid use and periodic screening to avoid misuse. These standards and conditions have not been met. Under these circumstances, the Norco 10/325mg 1 q 4-6 hrs #120 is not supported by Guidelines and is not medically necessary.