

Case Number:	CM15-0022155		
Date Assigned:	02/11/2015	Date of Injury:	09/03/2012
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 was a female, who sustained an industrial injury, September 3, 2012. The injury was sustained when a fruit tray fell about 12 feet and struck the injured worker in the left hand ring finger, which was resting on a machine and got crushed. After the initial injury the injured worker fell backwards landing a full cart of fruit and landed on the buttocks. The injured worker felt the pain in the left hand then a few minutes later felt the pain in the lower back from the fall. The injured worker pointed to the area of the thoracic spine. According to progress note of January 6, 2015, the injured workers chief complaint was back pain. The physical exam noted parathoracic tenderness from T9-T12-L1 with decreased range of motion in this area. It was also, noted that spasms were present in the area The injured worker was diagnosed with fracture just above left hand ring finger, thoracic compression fracture of T12 with an anterior wedge compression deformity and chronic thoracic and lumbar pain and chronic neuropathic pain of the lower thoracic and lumbar spine. The injured worker previously received the following treatments an MRI of the thoracic spine, Norco, Neurontin, the injured worker has tried Ultracet and Tramadol, but Norco was more effective for the pain. On January 6, 2015, the primary treating physician requested authorization for a prescription for Norco 5/325mg #120 of back pain. On January 28, 2015, the Utilization Review denied authorization for a prescription for Norco 5/325mg #120. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #120: 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 Page(s): 78 - 79.

Decision rationale: The injury was on 09/03/2012 and the patient has been treated with multiple opiates long term. The patient has been treated with Ultracet, Tramadol and Norco. MTUS guidelines note that for on-going opiate treatment there must be documentation of effective analgesia, monitoring for adverse effects, documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet the above criteria and Norco is not medically necessary for this patient.