

Case Number:	CM15-0049460		
Date Assigned:	03/23/2015	Date of Injury:	08/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/16/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 August 12, 2014. He has reported headache, neck pain, back pain, flank pain, left ankle and foot pain, right ankle pain, and left hand pain. Diagnoses have included headache, cervical spine sprain, thoracic spine sprain, lumbar spine sprain, right ankle fracture, right rib fractures, left ankle sprain, left foot fracture, and left hand joint pain. Treatment to date has included medications, physical therapy, occupational therapy, use of crutches, use of walking boot, chiropractic care, injections, home exercise, and imaging studies. A progress note dated February 26, 2015 indicates a chief complaint of headache, neck pain, back pain, left index finger pain, right flank pain, right ankle and foot pain, and left ankle and foot pain. The treating physician documented a plan of care that included medications, continuation of walking boot on the right foot, continuation of bone stimulator, continuation of home exercise, and continuation of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydro/APAP) 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time. Therefore, this request is not medically necessary.