

Case Number:	CM15-0081551		
Date Assigned:	05/04/2015	Date of Injury:	12/18/2013
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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 Jersey, New York
 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 25 year old male, who sustained an industrial injury on December 18, 2013. The injured worker has been treated for complaints of rib pain and abdominal pain. The diagnoses have included a sub-acute liver laceration, closed fracture of two ribs and persistent right upper quadrant pain. Treatment to date has included medications and radiological studies. Current documentation dated April 15, 2015 notes that the injured worker reported ongoing epigastric and upper quadrant pain. The pain level was rated a seven out of ten on the visual analogue scale. Physical examination of the abdomen revealed tenderness to palpation over the right upper quadrant. The treating physician's plan of care included a request for the medication Norco 5/325 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was mention of a urine drug screen to be done and that a drug contract was signed but the results were not included in the chart. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.