

Case Number:	CM15-0082796		
Date Assigned:	05/05/2015	Date of Injury:	11/07/2013
Decision Date:	06/17/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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 55-year-old male who sustained a work related injury November 7, 2013, because of a motor vehicle accident with complaints of neck and knee pain. Past recent history included hypertension and diabetes. Psychiatric associates for post-traumatic stress disorder and depression disorder have followed him. He initially experienced paranoia, insomnia, and frequent flashbacks of the accident. According to a primary treating physician's progress report, dated April 14, 2015, the injured worker presented with lower back pain with radiation down both legs. Diagnoses are chronic back pain and sacroilitis. Treatment plan included continuing psychological therapy, physical therapy, and at issue, a request for authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #180: 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): 78-80.

Decision rationale: The MTUS Guidelines have very specific standards to justify the long term prescribing of opioid medications. These standards include detailed documentation of how often the opioid is utilized, how much pain relief is experienced for how long, how the opioid improves daily functioning, and screening for possible misuse. The prescribing physician meets none of these standards. Under these circumstances, the long-term use of opioids is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Norco 10/325 mg #180 is not medically necessary.