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| Case Number: | CM14-0134683 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 01/22/2004 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker has a reported date of injury of 1/22/2004. Mechanism of injury is described as a fall from a significant height with multiple injuries. Patient has a diagnosis of left leg pain, sprain/strain of thoracolumbar spine, thoracolumbar degenerative disc disease and disc disease. Patient is post left lower extremity supracondylar femur fracture with open reduction internal fixation (ORIF) on 1/23/04 and left tibia-fibular fracture post ORIF. Medical records reviewed: Last report available until 7/17/14. Patient complains of low back pain radiating to both legs. Pain is 5/10. Objective exam reveals tenderness to paraspinal area with spasms. There is decreased range of motion with pain. Magnetic resonance imaging (MRI) of lumbar spine (no date listed) reveals L4-5 3-4mm disc protrusion, and 2-3mm disc protrusion at L3-4 and L5-S1. Patient is currently on Motrin and Norco. Patient has completed unknown number of physical therapy in the past. Independent Medication Review is for Norco 7.5/325mg #140. Prior UR on 8/5/14 modified prescription of Norco Qty 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80; 22, 68-69;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no noted improvement in function and patient is noted to be having pain even with current opioid therapy. There is no documentation of proper assessment for abuse. The prescription has a large number of tablets which fails MTUS Chronic pain requirement for close monitoring. Therefore, the request for Norco is not medically necessary.