

Case Number:	CM14-0147206		
Date Assigned:	10/08/2014	Date of Injury:	05/13/2011
Decision Date:	11/25/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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:

The injured worker is a 24-year-old male who reported an injury on 05/13/2011. The mechanism of injury was not provided. On 04/29/2014, the injured worker presented with lumbosacral pain and fat necrosis of the right knee with stiffness. Current medications included Naproxen, Omeprazole, Tizanidine and Norco. Upon examination, the injured worker ambulated with an antalgic gait and there was tenderness to palpation of the upper right leg. The diagnoses were history of right femur fracture, history of herniated disc at L5-S1, central canal stenosis narrowing of the left side, persistent right pain and fat necrosis of the right knee with stiffness. The provider recommended Norco and lab tests; the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, unspecified dosage/amount: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco, unspecified dosage/amount is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the frequency, quantity, and dose of the medication was not provided in the request as submitted. As such, medical necessity has not been established.