

Case Number:	CM14-0154707		
Date Assigned:	09/24/2014	Date of Injury:	02/04/2010
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 44-year-old female who reported an injury after falling out of a chair. The injured worker reportedly sustained an injury to her left ankle and low back. The injured worker's treatment history included physical therapy, acupuncture, chiropractic care, bracing, and surgical intervention. The injured worker developed chronic pain that was managed with medications. The injured worker was evaluated on 09/11/2014. It was documented that the injured worker had an antalgic gait with complaints of joint stiffness. The injured worker had tenderness and spasming to the left knee. The injured worker had pain complaints rated at a 7/10. The injured worker's treatment plan included continued physical therapy and medications to include Norco 5/325 mg. A Request for Authorization form was submitted on 09/15/2014 for Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Page(s): 78.

Decision rationale: The requested Norco 5/325 mg quantity 120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effect, and evidence that the patient is monitored for nonadherent behavior. The clinical documentation does not provide any evidence that the injured worker is monitored for aberrant behavior. There is no documentation of significant pain relief or increased functionality resulting from medication usage. Therefore, continued use of this medication will not be supported. Furthermore, the request as it is submitted is not consistent with the prescribed medication documented in the clinical notes. Also, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 5/325 mg quantity 120 is not medically necessary or appropriate.