

Case Number:	CM14-0093401		
Date Assigned:	07/25/2014	Date of Injury:	07/28/2009
Decision Date:	09/03/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/19/2014

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 and is licensed to practice in Nevada. 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 48-year-old male who was reportedly injured on July 28, 2009. The mechanism of injury was not listed in the records submitted for review. The most recent progress note dated July 23, 2014, indicated that there were ongoing complaints of low back pain, and another provider was treating multiple psychiatric issues. The physical examination was not reported. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications. A request was made for oxycodone and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tablets 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80,81,82,83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The requested medication of Norco has not been addressed in any the progress notes submitted for review. Hydrocodone is not requested and a progress note addresses

oxycodone alone. Therefore, based on the data presented, the request is not clinically indicated nor medically necessary.