

Case Number:	CM14-0217657		
Date Assigned:	01/07/2015	Date of Injury:	10/27/1997
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Florida
 Certification(s)/Specialty: Family Practice

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 72 year old female who sustained an industrial injury on 10/27/1997. She has reported intractable low back and left lower extremity pain. The diagnoses have included post laminectomy syndrome lumbar region. Treatment to date has included medications, diagnostics and surgery. Currently, the injured worker complains of episode of sciatica started in the back and radiated to left leg and ankle. She is able to tolerate sitting and standing for 15-20 minutes and walking for 5 minutes. There were no current medications, therapies or diagnostics noted. On 12/11/14 Utilization Review non-certified a request for Norco 10/325mg, #50 for acute post-op pain, noting there was no documentation supporting she was a surgical candidate or whether she already had surgery and no records indicating the need for post surgical medication. The request is not supported by the guidelines. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #50 for acute post-op pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: This request is for 50 tablets of Norco to be given for post operative pain. Records show that this was prescribed on a 10/2014 office visit. The office visit note is hand written, and not very legible. The handwriting however does appear to imply that the patient is planned for a pain pump replacement. The provided documentation does not state if this surgery ever took place. The medical necessity of this medication request has not been established based off the medical records provided. MTUS guidelines have not been satisfied.