

Case Number:	CM15-0011125		
Date Assigned:	01/29/2015	Date of Injury:	09/12/2007
Decision Date:	03/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male who reported an injury on 09/12/2007 due to an unspecified mechanism of injury. On 01/05/2015, he returned for an evaluation of his bilateral shoulders, neck, bilateral hips, right knee, and right ankle. It was stated that he used to receive Norco from a separate physician and was also seeing a separate doctor for pain management. He reported taking Lyrica from this physician. He was given Norco 10 for his rate of usage until he saw his separate physician. It was noted that he felt he would benefit from Norco. He was written a prescription for Naprosyn. No recent clinical documentation regarding the injured worker's subjective complaints and objective physical examination findings were submitted for review. A request was made for Norco 10/325 mg 50 count. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, fifty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines On-Going Management Section.

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

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. There is a lack of documentation showing a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no urine drug screens or CURES reports were provided for review to validate his compliance with the medication regimen. In addition, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.