

Case Number:	CM15-0018685		
Date Assigned:	02/06/2015	Date of Injury:	11/21/2008
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 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 44-year-old male who reported an injury on 11/21/2008. The mechanism of injury was the injured worker was struck in the top of the head with a nail from a nail gun. The nail penetrated the hard hat and pieced the injured worker's head. The documentation of 11/25/2014 revealed the injured worker had left sided knee pain. The injured worker was noted to be postoperative left knee repair on 08/28/2014. The documentation indicated the injured worker had an antalgic gait and weakness along with spasticity and restricted range of motion. The diagnoses included post-traumatic left sided hemiparesis, contusion, and lumbosacral sprain and strain. The treatment plan included Anaprox DS 550 mg 1 by mouth twice a day, Prilosec 20 mg twice a day, flurbiprofen/lidocaine cream, Norco 10/325 mg, and Ambien 10 mg. There was a Request for Authorization submitted for review dated 12/01/2014. The injured worker underwent urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: 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 Medications for Chronic Pain Ongoing Management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and a documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation for the submitted request denoting milligrams. However, that was not part of the determination. Given the above, the request for Norco 10/325 #120 is not medically necessary.