

Case Number:	CM15-0111745		
Date Assigned:	06/18/2015	Date of Injury:	03/04/2009
Decision Date:	07/16/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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 51 year old female, who sustained an industrial injury on 03/04/2009. She reported injuring her right wrist and bilateral knees after a fall at work. The injured worker is currently not working. The injured worker is currently diagnosed as having lumbar disc degeneration and back pain with radiculopathy, lumbar fusion surgery at L4-5 and L5-S1, bilateral hip pain, and internal derangement with bilateral knee pain. Treatment and diagnostics to date has included electromyography/nerve conduction velocity studies which showed significant left lumbosacral radiculopathy, physical therapy, and medications. In a progress note dated 05/26/2015, the injured worker presented with complaints of persistent pain in her lumbar spine. Objective findings include increased pain in lumbar spine with range of motion. The treating physician reported requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any pain assessment or any documentation of objective functional improvement on Norco. Providers have failed to document appropriate screening for abuse or adverse effect from Norco. Documentation fails to support continued Norco use. Therefore the request is not medically necessary.