

<b>Case Number:</b>	CM15-0039142		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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  
 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 was a 24-year-old male, who sustained an industrial injury, December 18, 2013. The injured worker fractured ribs during a fall and suffered a small liver laceration. According to progress note of January 21, 2015, the injured workers chief complaint was ongoing epigastric and right upper quadrant pain. The physical exam noted tenderness with palpation over the abdomen in the epigastric region and right ribs. The pain in the abdomen increased with forward flexion and extension. The injured worker was starting to develop pain in the upper lumbar region. The injured worker was diagnosed with persistent right upper quadrant epigastric pain, status post right rib fractures and status post small liver laceration. The injured worker previously received the following treatments Norco, Omeprazole, Reglan, random toxicology testing, weight loss, CT scan of the abdomen and pelvis on December 24, 2013. The treatment plan included renewal of Norco 5/325mg prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** 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 Opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records, there is no documented functional improvement with the use of Norco. Therefore, the request is not medically necessary.