

Case Number:	CM15-0073372		
Date Assigned:	04/23/2015	Date of Injury:	10/11/2012
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 53-year-old male who sustained an industrial injury on 10/11/2012. He reported rib pain, ankle pain, back pain and left shoulder pain after having been run over by a tractor in an agricultural field. The injured worker was diagnosed as having multiple left rib fractures; left ankle fracture; left fibular fracture; left knee pain. He also has degenerative changes (per MRI on 06/05/2013) of the lumbar spine. Treatment to date has included repair open reduction internal fixation of a left displaced bimalleolar ankle fracture (10/2012), a left knee arthroscopy for a torn medial meniscus (10/2014) and physical therapy post-surgery on both occasions. The worker has also had Chiropractic care and acupuncture, and has been treated with Ibuprofen and Norco. Currently, the injured worker complains of pain rated 7-8 out of 10 on a subjective pain scale. He has signed a pain contract and is continued to be prescribed Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/30mg #30: 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 Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/30mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.