

Case Number:	CM13-0027052		
Date Assigned:	11/22/2013	Date of Injury:	07/31/2007
Decision Date:	01/23/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old male who reported an injury on 07/31/2007 after he was involved in a vehicle accident in which the vehicle he was riding in fell approximately 55 feet, which caused the patient to sustain multiple severe traumas. Among his injuries, the patient was diagnosed as having peripheral nerve injury, multiple avulsions/contusions, multiple pelvis fractures with sacrum and pubic widening, left-sided posterior eleventh and twelfth rib fractures, left lower arm/elbow fractures at the olecranon, left lower leg fibular head fracture, left 5th finger fracture, left leg collateral ligament and anterior cruciate injuries, left peroneal nerve injury and foot drop and left foot drop syndrome due to lumbar peroneal nerve damage. The patient has undergone several treatment modalities to help alleviate both his discomfort and to help him recover from his multiple injuries. Some of the modalities included physical therapy, injections, surgical repair and oral medications, to include multiple narcotics. The patient was noted as taking Norco since at least 01/2012. The physician is now requesting additional Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325: 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 Section Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, it is stated that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain, (hyperalgesia), a change in pain patterns or persistence of pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important, therefore, to note that a decrease in opioid efficacy should not always be treated by an increase in the dose but may actually require weaning. The documentation states that the patient has been utilizing Norco since at least 01/2012. The most recent documentation does indicate that the patient was still having complaints of chronic pain in various areas of his body due to his injuries. However, the documentation is unclear as to the efficacy of Norco as it pertains to the patient's pain level. Furthermore, the physician has failed to include the specific number of tablets that he wishes to prescribe for the patient at this time. Therefore, without the objective information pertaining to the patient's overall pain level in regards to the use of the Norco as well as the missing information in the prescription, the requested service cannot be certified at this time.