

Case Number:	CM14-0151827		
Date Assigned:	09/19/2014	Date of Injury:	07/23/2013
Decision Date:	10/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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 44 year old male with an injury date on 07/23/201. Based on the 08/14/2014 progress report provided by [REDACTED], the patient complains of significant headaches and mid facial pain. The reports provided do not discuss any positive exam findings. The diagnoses include the following: 1. History of blunt facial trauma with nasal fracture 2. Status post reduction of nasal fracture, 07/23/2013 3. Post injury persistent facial pain with partial airway obstruction/right maxillary sinusitis 4. Post concussive syndrome with headaches with memory changes and blurred vision [REDACTED] is requesting for prescription drug, generic, Norco 10/325mg #40. The utilization review determination being challenged is dated 09/05/2014. [REDACTED] is the requesting provider, and provided treatment reports from 07/23/2013 to 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic, Norco 10/325 mg #40: 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 Criteria for Use of Opioids Page(s): 88, 89.

Decision rationale: According to the 08/14/2014 report by [REDACTED], this patient presents with significant headaches and mid facial pain. The provider is requesting for prescription drug, generic, Norco 10/325 mg #40. The utilization review denial letter states patient "Has been on Voltaren and Ultram ER for months with some benefit noted in 5/14 and no benefits noted in 7/14." MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, review of the reports show that Norco was first mentioned on 8/14/14 stating that it was "provided for the patient's current pain that exceeds a moderate level and the enhanced function achieved with ADL on the medication." Analgesia is not specified, no numerical scales or validated measures are used, no aberrant behaviors are addressed, no specific ADL's are discussed to determine significant change with opiates, etc. Recommendation is for denial.