

Case Number:	CM14-0161931		
Date Assigned:	11/05/2014	Date of Injury:	04/09/1999
Decision Date:	12/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal Medicine 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 injured worker is a 44-year-old man with a date of injury of April 9, 1999. The mechanism of injury was not documented in the medical record. The injured worker had traumatic brain injury (TBI) and continued to have complaints of headaches, difficulty with memory, concentration and pain. Pursuant to the Progress note dated April 10, 2014, the injured worker stated that he "was not getting out of bed, going for walks, or doing any activities since his medication was denied." There was not an objective physical examination documented. Current medications include: Norco 10/325mg 6 to 10 a day, Trazodone 50mg, Colace 100mg, and Cymbalta 60mg. The injured worker has been diagnosed with traumatic brain injury with chronic headaches, seizure disorder, and concentration and memory difficulty due to TBI. He states that Norco does not help him as much as Percocet. MRI of the brain dated September 13, 2012 revealed left maxillary sinus disease. The progress note dated April 10, 2014 indicates that the provider gave the injured worker Norco 10/325mg #150 on 3/19/2014, and Norco 10/325mg #300 on April 10, 2014. He noted that Norco does not work for the IW as well as Percocet, but it is better than nothing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Norco 10/325 mg # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request Norco 10/325 mg #240 is not medically necessary. The guidelines recommend appropriate documentation for ongoing opiate management. The documentation should reflect an ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. Opiates should be discontinued if there is no overall improvement in function unless there are compelling circumstances to the contrary. In this case, the injured worker is a 44-year-old man with a date of injury April 9, 1999. Injured worker has a history of traumatic brain injury with continued complaints of headache, difficulty with memory, concentration and pain. The medical record, from a progress note June 5, 2014, states that since Percocet was denied, Norco 10/325 #10 tablets per day will be prescribed. Current evidence-based guidelines state continuation of opiates is appropriate when there is documentation of significant improvement in function or in pain. The medical records lack any quantifiable evidence of improved pain and function with long-term opiate use. The treating physician stated Norco does not work well for the patient. Additionally the injured worker had been using Norco since March 19, 2014 without documented evidence of improvement (prior to changing to Percocet). The treating physician has not followed guidelines for long-term opiate use. Consequently, due to the excessive amount of Norco being prescribed in addition to the lack of functional improvement on Norco (and opiates in general), retrospective request Norco 10/325 mg #240 is not medically necessary. Based on the clinical information medical record and the peer-reviewed evidence-based, guidelines, retrospective request Norco 10/325 mg #240 is not medically necessary.

Retrospective request Colace 100 mg # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opiates.

Decision rationale: Pursuant to the Official Disability Guidelines, Colace 100 mg #120 is not medically necessary. The guidelines recommend Colace (stool softener) in conjunction with opiate therapy to prevent associated side effects of constipation. In this case, the Norco is no longer indicated (see above). Consequently, there is no medical indication for Colace. Based on clinical information in the medical record, the discontinuation of the opiate and the peer-reviewed evidence-based guidelines, Colace 100 mg #120 is not medically necessary.

