

Case Number:	CM14-0094724		
Date Assigned:	07/25/2014	Date of Injury:	05/20/2013
Decision Date:	09/30/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain 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 45 year old male injured on 05/20/13 when working as a roofer a stacked pile of 4x4s fell, rolling down the roof, knocking him approximately 12 feet causing him to land on his right side. The injured worker sustained pelvis fracture, facial fractures, and right wrist fracture. The injured worker underwent surgical repair of distal forearm fracture and subsequent 24 sessions of physical therapy. Clinical note dated 04/21/14 indicated the injured worker presented complaining of ongoing headaches occurring four to five times a week radiating from the neck proceeding to the occipital scalp and frontal scalp, ongoing right shoulder pain, ongoing right hand and wrist pain, right pelvis and groin pain. The injured worker also complained of difficulty sleeping. The injured worker rated pain 2-7/10 depending on location. Medications listed as Tylenol and Motrin over the counter. Previous medications included Norco 10/325mg four times a day. Physical examination revealed tenderness throughout cervical paraspinal muscles, negative Spurling, negative root tension, tenderness throughout the acromioclavicular joint of the right shoulder, full range of motion, right wrist full range of motion, lumbar spine tenderness throughout paraspinal muscles, full range of motion, negative straight leg raise, deep tendon reflexes decreased bilateral lower patellar and Achilles tendons, 3/3 in the upper extremities, motor testing 4/5 in the right upper extremity, 5/5 on the left upper extremity bilateral lower extremities, sensation intact and slightly decreased on the ulnar side of the right hand involving the third to fifth digits, negative Hoffman, negative clonus, inability to stand on heels and toes. Treatment plan included prescription for Norco 10/325mg 2-3 times a day, electromyogram/nerve conduction velocity of the right upper extremity, acupuncture, physical therapy, and reevaluation. The initial request for retro Norco 10/325mg #90 (DOS 04/21/14) was non-certified on 06/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Norco 10/325mg #90 (DOS: 04/21/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids, Tolerance and addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the previous use of narcotic medications. Additionally, there is no indication of other modalities of pain management utilized prior to opioid therapy. As such, RETRO: Norco 10/325mg #90 (date of service: 04/21/14) cannot be recommended as medically necessary at this time.