

Case Number:	CM15-0109110		
Date Assigned:	06/15/2015	Date of Injury:	08/14/2013
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male who sustained an industrial injury on 08/14/2013 when he fell through a collapsing roof with positive loss of consciousness. The injured worker was initially diagnosed and hospitalized with intraparenchymal hemorrhage, transverse fracture of the sacrum and large scalp avulsion. Post the initial trauma, the injured worker was diagnosed with closed head injury, concussion, temporomandibular joint disorder (TMJ), myofascial pain, headaches and lumbago. Treatment to date has included diagnostic testing, multiple consultations, pain management, temporomandibular joint therapy, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on April 15, 2015, the injured worker continues to experience jaw pain and headaches. The injured worker reports his headaches are more controlled with Maxalt and his sleep has improved with Seroquel. The injured worker currently rates his pain level at 7/10. Physical examination demonstrated normal muscle strength, sensation and reflexes in the upper and lower extremity. The right temporomandibular joint remains tender. According to a progress report dated January 20, 2015, the injured worker has low back, pelvic and coccygeal pain rated at 8/10 without medications. His hip and knee pain have resolved. Examination of the lumbar spine demonstrated tenderness along paravertebral muscles with spasm bilaterally and decreased range of motion. Current medications are listed as Maxalt, Flexeril, Norco and Seroquel. Treatment plan consists of continuing with medication regimen, follow-up with physician appointments, home exercise program and the current request for Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.