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| Case Number: | CM15-0132106 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 01/14/2013 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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: Emergency Medicine

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 48 year old male, who sustained an industrial injury on January 14, 2013. He reported neck pain, dizziness and headaches after a ladder collapsed and he fell backwards striking his head and losing consciousness while working on construction. The injured worker was diagnosed as having long term use of medications, syndrome post-concussion, headache, neck pain, cervicocranial syndrome, cervicobrachial syndrome, post-concussion syndrome, cervical strain, suspected cervical spondylosis, cervicogenic headaches, reactive depression and insomnia. Treatment to date has included diagnostic studies, radiographic imaging, acupuncture, vestibular physical therapy, TENS unit, medications and work restrictions. Currently, the injured worker complains of continued neck pain, headaches, dizziness, balance abnormalities, constipation, nausea, heartburn and blurry vision. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on June 3, 2015, revealed continued severe headaches with associated symptoms. He reported paying for Norco out of pocket. It was reported 120 Norco tablets were ordered for weaning purposes. Evaluation on July 8, 2015, revealed continued pain as noted. He reported finishing 6/11 sessions of vestibular physical therapy without noted improvement. Norco was continued. Evaluation on August 5, 2015, revealed continued complaints as noted. Magnetic resonance imaging (MRI) of the brain was noted as normal. Cervical MRI revealed left paracentral protrusion with mild central canal stenosis and low lying cerebellar tonsils. Norco dosage was increased. Norco 5/325 mg #120 as requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications Page(s): 78, 80, 81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-82.

Decision rationale: The requested Norco 5/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued neck pain, headaches, dizziness, balance abnormalities, constipation, nausea, heartburn and blurry vision. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, or measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg #120 is not medically necessary.