

Case Number:	CM15-0147147		
Date Assigned:	08/10/2015	Date of Injury:	08/18/2010
Decision Date:	09/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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 42 year old male, who sustained an industrial injury on 8-18-2010. He reported traumatic brain injury. The injured worker was diagnosed as having pain disorder associated with both psychological factors and general medical condition, depressive disorder, cognitive disorder, status post open reduction internal fixation of right facial fractures, enophthalmos right eye, post traumatic headaches, neuropathic pain, right eye decreased visual acuity, neck pain, and cervical sprain and strain. Treatment to date has included medications, facial bone surgery (8-24-2010), magnetic resonance imaging of the head (7-15-2013), audiology studies (2-6-2012), and psychotherapy. The request is for Norco. On 3-10-2015, he reported persistent right facial region pain and swelling. The treatment plan included: refilling Topamax. On 4-14-2015, he reported persistent right facial region pain rated 3 out of 10. He indicated sun exposure and any activity aggravates his pain. He also continues to have hearing problems. The treatment plan included refilling Topamax. He is on modified duty work status. On 5-26-2015, he reported right facial region pain and swelling. He rated the pain 3 out of 10. He indicated pain increased with increased activity, and is also making it difficult for him to sleep. He takes Topamax and Hydrocodone as needed which he indicated to help with his pain. The provider noted a PR-2 dated 1-27-2014, indicated he was diagnosed with headaches and chronic pain, and was given refills on Hydrocodone 5-500mg, Ibuprofen, Topiramate, Trazodone, Nortriptyline, and Lidocaine gel. Physical findings revealed minimal swelling in the right zygomatic region with dysesthesia, and atrophy in the right temporal region, otherwise no change is noted. The treatment plan included: refills on Topamax and Norco. He is on modified

duty. On 7-1-2015, he reported feeling frustrated, scared, and worried. He indicated he is taking less Nortriptyline, helping his wife with the household chores more, and is engaging in more activities such as spending time with friends and family. The treatment plan included: psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and Hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation does not show any objective improvement in pain or functional status. There is no documentation of long-term plan of opioid therapy. The lack of efficacy or long-term plan does not support opioid therapy. Norco is not medically necessary.