MAXIMUS Federal Services

Case Number:	CM15-0202366		
Date Assigned:	10/19/2015	Date of Injury:	01/14/2013
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts
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 48 year old male, who sustained an industrial injury on 1-14-2013. The injured worker was being treated for post-concussion syndrome, headache, neck pain, cervicocranial syndrome, cervicobrachial syndrome, pain related insomnia, and reactive depression. Treatment to date has included diagnostics, physical therapy, vestibular therapy, neuropsych treatment, transcutaneous electrical nerve stimulation unit, and medications. On 8-05-2015, the injured worker complains of facial numbness, jaw pain, frequent headaches, retro-orbital pain, frequent blurry vision, occasional diplopia, vertigo, nausea, and photophobia. He remained off work. Function with activities of daily living was not described. He reported that he continued to pay for Norco out of pocket, as it was not covered, and inquired about using Norco 10mg tablets versus Norco 5mg tablets. He reported taking Norco 5-325mg for breakthrough pain (since at least 4-2015), using 3-4 tablets daily, "sometimes up to 6 tablets a day". Other medications included Fluoxetine, Trazadone, Meclizine, and Topiramate. A review of symptoms was positive for constipation, anxiety and depression. Physical exam noted tenderness over the cervical paraspinal muscles, tenderness to palpation over the bilateral temporomandibular joint, minimal tenderness over the bilateral trapezii, and the use of a quad cane. It was recommended that he continue Norco use, changing from 5-325mg tablets, not to exceed 4 tablets daily, to Norco 10-325mg tablets, using only one half tablet, not to exceed 2 per day. Urine toxicology (5-08-2015) was negative for all tested analytes, including opiates. The treatment plan included Norco 10-325mg #60 for DOS 8-05-2015, non-certified by Utilization Review on 10-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity 60, DOS 08/05/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 13th Edition, Pain, Opioid for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in January 2013 when he fell from a ladder and is being treated for neck pain, headaches, and vestibular dysfunction. When seen, he had completed 6 physical therapy sessions. He was paying for Norco out of pocket. It was helping to manage his headaches and neck pain. VAS scores were not recorded. Physical examination findings included cervical paraspinal muscle tenderness. There was decreased cervical range of motion with flexion more painful then extension. There was bilateral temporomandibular joint tenderness. There was minimal trapezius muscle tenderness. He was using a quad cane. Norco 5/325 mg #120 was changed to Norco 10/325 mg #60. The total MED (morphine equivalent dose) was the same at 20 mg per day. The change was made so the claimant could use a half tablet. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.