

Case Number:	CM15-0038030		
Date Assigned:	03/06/2015	Date of Injury:	09/24/2012
Decision Date:	04/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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, Washington

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 reported an injury on 09/24/2012. The injured worker was reportedly struck on the head by a piece of falling metal. The current diagnoses include post concussion syndrome, cervical sprain, cervical degenerative disc disease, consistent cervical radiculopathy and post concussion headache. The injured worker presented, on 02/12/2015, for a follow-up evaluation. The injured worker reported persistent neck pain with radiating symptoms into the right shoulder. Upon examination, there was palpable muscle spasm noted in the cervical paraspinal muscles, stiffness of the cervical spine, tenderness noted in the right arm musculature, dysesthesia in the right C5-7 dermatomes and 5/5 motor strength. Psychiatric examination was positive for anxiety and depression. The injured worker also reported headaches. Recommendations included continuation of Norco 10/325 mg, nortriptyline 10 mg and ibuprofen 600 mg. A cervical epidural steroid injection and a neurosurgical consultation were also recommended. A Request for Authorization form was then submitted on 02/18/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60 with 3 refills, for the purpose of weaning to discontinue at requesting physician's discretion over a weaning period of 2-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. According to the documentation provided, the injured worker had continuously utilized Norco 10/325 mg since at least 08/2014. There was no documentation of objective functional improvement. There was no evidence of a written consent or agreement for chronic use of an opioid medication. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Although the request is for Norco 10/325 mg for the purpose of weaning, the California MTUS Guidelines would not support Norco 10/325 mg with 3 additional refills. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.