MAXIMUS Federal Services

Case Number:	CM15-0048379		
Date Assigned:	03/20/2015	Date of Injury:	10/10/2014
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 51 year old male who sustained a work related injury October 10, 2014. While working as a flagger for construction, he was hit by a motor vehicle at approximately 50 miles an hour with multiple areas of trauma including; comminuted mid-shaft tibia fracture with laceration on the posteromedial aspect of the leg with fracture bleeding, spinous process fractures T11-L3, type III right AC separation of the shoulder, multiple rib fractures, and post-traumatic stress disorder (PTSD). On October 10, 2014, he underwent irrigation and debridement, open fracture, right tibia and intramedullary nail fixation, right tibia and L4-L5 laminectomy October, 2013. According to a new patient consultation, dated January 9, 2015, the injured worker presented with right leg pain, right shoulder pain and low back pain. He is currently in water therapy and has had difficulty with the healing of the right leg fracture. He is also having difficulty using a walker, as he is only supposed to put 50% weight on the right lower extremity. The walker is severely increasing the pain in the right shoulder. Treatment plan included urine toxicology, signed opioid agreement, continue with orthopedist follow-up for right shoulder, follow-up with spine surgeon and Norco 7.5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, it appeared that there were sufficient records of evidence showing functional and pain-reducing benefit as well as this above review being completed. The worker had received 96 pills of Norco on 1/9/15 to take during the remainder of January/2015. Later, a request for #120 pills of Norco was made for the month of February. The previous reviewer suggested that this would be too many pills, too early. However, the current request was made on 1/30/15 for the following month and not for January. Therefore, it appears that the request for Norco 7.5/325 mg #120 is medically necessary and appropriate.