

Case Number:	CM15-0054698		
Date Assigned:	03/30/2015	Date of Injury:	03/28/2009
Decision Date:	05/05/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational 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 59 year old male, who sustained a work/ industrial injury on 3/28/09. He has reported initial symptoms of multiple facial fracture and traumatic brain injury. The injured worker was diagnosed as having multiple facial fractures, cervical degenerative disc disease with cervical radiculopathy, left carpal tunnel syndrome, optic neuropathy, and post traumatic stress disorder. Treatments to date included medication, cognitive therapy, psychotherapy, surgery (anterior cervical decompression and fusion at C5-6 and C6-7, s/p Le Fort type II fracture), orthopedic care, home exercises, and weight management. Currently, the injured worker complains of chronic pain s/p multiple facial fractures and traumatic brain injury. There was moderate neck pain and stiffness with pain radiating to both shoulder blades. There was additional anxiety, interrupted sleep, and forgetfulness. The treating physician's report (PR-2) from 2/12/15 indicated gait was normal, cervical spine showed head forward position with decreased active range of motion. Palpatory exam did reveal tender points over the lower cervical and bilateral periscapular muscles. Upper extremity exam noted normal tone. Muscle strength is 4+/5. Deep tendon reflexes of biceps, brachioradialis reflexes are unobtainable. Triceps are 1+. Treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2014: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. In addition, there is no history or previous narcotic use, if any, listed in the PR-2 supplied for review. Norco 5/325mg #60 is not medically necessary.