

Case Number:	CM15-0057113		
Date Assigned:	04/01/2015	Date of Injury:	08/29/2001
Decision Date:	07/17/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/25/2015

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 50 year male with an industrial injury dated 08/29/2001. His diagnoses included organic brain syndrome with central myelinolysis, secondary depression, secondary high blood pressure, secondary insomnia and gastroesophageal reflux. Prior treatment included diagnostic testing and medications. Co morbid diagnosis was hypertension controlled on medications. He presents on 03/25/2015 with complaints of headaches 4-5 times per week. With the use of medications he can decrease his pain level from 10/10 to 3/10. The provider documents workman's comp was not filling any of his medications and the prior week the injured worker had been much worse. Additional complaints were fatigue and memory loss, high blood pressure (currently controlled on medications), numbness in limbs, heartburn, heat intolerance, sleep difficulty and depression and anxiety. Physical exam noted gait was normal with continued slight difficulty with Romberg test and tandem walk with imbalance. His mood was slightly depressed. Treatment plan consisted of Fioricet for headaches, Norco for pain, Paxil and Omeprazole. The injured worker was to continue periodic follow up with provider monitoring high blood pressure, discontinue Cialis, continue home exercises and follow up in one month or sooner if needed. Urine toxicology screen was positive only for prescribed medications. The request is for Norco 10/325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001 and continues to be treated for chronic pain. Medications are referenced as decreasing pain from 10/10 to 2/10. When seen, he was slightly depressed. There was difficulty with Romberg testing and tandem walking due to imbalance. Norco was being prescribed at a total (Medication) of 20 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing pain control, although there would be some concern regarding the possibility of rebound headaches. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.