

Case Number:	CM14-0151581		
Date Assigned:	09/19/2014	Date of Injury:	05/20/2013
Decision Date:	10/23/2014	UR Denial Date:	09/07/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old male with a 5/20/13 date of injury. At the time (9/6/14) of Decision for 1 Prescription of Colace 100mg #100 and 1 prescription of Norco 10/325mg #90, there is documentation of subjective persistent migraine headaches, neck pain, wrist pain, and back pain) and objective (decreased sensation to pinprick and light touch over the first 3 fingers of the right hand, and limited ulnar deviation with decreased flexion and extension of the right wrist) findings, current diagnoses (head trauma with facial fractures and ongoing headaches, neck pain, right shoulder and wrist pain, lumbar spine pain, and pelvis and groin pain), and treatment to date (Acupuncture and medications (including ongoing treatment with Norco)). 5/28/14 medical report identifies a decrease in pain level, the patient's ability to help his wife and children, and the ability to exercise when he is not having a headache due to Norco treatment use. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, When to Discontinue Opioids, Weaning of Medic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of head trauma with facial fractures and ongoing headaches, neck pain, right shoulder and wrist pain, lumbar spine pain, and pelvis and groin pain. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation of decrease in pain level, the patient's ability to help his wife and children, and the ability to exercise when he is not having a headache due to Norco treatment use, there is documentation of functional benefit and an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Norco 10/325mg #90 is not medically necessary.