

Case Number:	CM14-0165139		
Date Assigned:	10/10/2014	Date of Injury:	11/15/2012
Decision Date:	11/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 39-year-old male who reported an injury on 11/15/2012, due to trauma to the head, jaw, neck, and both wrists. The injured worker has diagnoses of chronic lumbar myofascial pain, chronic right shoulder pain, chronic left wrist pain, chronic postconcussion syndrome, concussion headaches, chronic right greater than left Temporomandibular joint and muscle (TMJ) syndrome, chronic cervical myofascial pain, and depression secondary to the industrial injury. Past medical treatment has included medications and surgery. Diagnostic studies have included a CT of the thoracic spine in 2005, and an MRI of lumbar spine on 01/10/2013. The injured worker underwent mildly comminuted intraarticular fracture of the distal radius of the right arm with open reduction and internal fixation (ORIF), and a later removal of hardware with chronic pain in the right forearm. The injured worker complained of neck pain, right shoulder pain, headaches, and jaw pain, and had bilateral wrist and right forearm pain on 04/01/2014. The physical examination revealed there is lower thoracic and lumbar tenderness, and spasm present. There is paracervical tenderness from C2 to C7-T1. There was bilateral wrist tenderness, right greater than left, with some right forearm tenderness. Medications included Relafen 500 mg once a day, and Tylenol 500 mg 1 or 2, three times a day. The treatment plan is for Senokot S #30 2 refills, and Norco 10/325 mg #60 with 1 refill. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot S #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77.

Decision rationale: The request for Senokot S #30 2 refills is not medically necessary. The injured worker complained of neck pain, right shoulder pain, headaches, and jaw pain, and had bilateral wrist and right forearm pain on 04/01/2014. The California MTUS guidelines state when initiating therapy of opioids, prophylactic treatment of constipation should be initiated. The medical records provided indicate Norco and Senokot were being prescribed for postoperative use. There is lack of documentation the injured worker is being treated for pain with any Opioid medication, and the request for any opioid has been started or approved. Therefore the request for Senokot S #30 2 refills is not medically necessary.

Norco 10/325mg #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, and Opioids. Page(s): page 78.

Decision rationale: The request for Norco 10/325 #60 with 1 refill is not medically necessary. The injured worker complained of neck pain, right shoulder pain, headaches, and jaw pain, and had bilateral wrist and right forearm pain on 04/01/2014. The California MTUS Guidelines state that criteria for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. The guidelines also state that the four most relevant domains for ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There was no assessment of the injured worker's current pain on a VAS scale, average pain, and intensity of the pain after taking opioid medications, and longevity of pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norco 10/325 #60 with 1 refill is not medically necessary.

