

Case Number:	CM14-0081103		
Date Assigned:	07/28/2014	Date of Injury:	12/12/2003
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Medicine 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 62 year old male injured on 12/12/03 when involved in a high speed single vehicle motor vehicle collision when he struck a tree as a restrained driver sustaining injuries including but not limited to bilateral open femur fractures, bilateral open patellar fractures, multiple tooth fractures, left mandibular fracture, bilateral mandibular condyle fractures, closed head injury, left fibula fracture, and right pulmonary contusion with fractures of the right fourth, fifth, and sixth ribs. It is assumed the injured worker required surgical intervention at the time of initial injury; however, initial treatments were not discussed. Clinical note dated 06/19/14 indicated the injured worker presented reporting aching of the left knee with prolonged standing and walking and in the evening hours. The injured worker also reported difficulty obtaining permanent tooth replacement. The injured worker was advised to reduce Norco use to three to four tablets a day; however attempt to taper was unsuccessful due to injured worker opinion medication was not adequate to cover his pain and limited in activities of daily living. The injured worker had received medical marijuana for sleep and augmentation of appetite. The injured worker to date not attempted trial of Neurontin, Lyrica, or Topamax. Injured worker failed trials of Amrix, Flexeril, and Skelaxin. The injured worker reported continued chronic neck pain and back pain, radicular symptoms to bilateral lower extremities, popping, and jaw pain with chewing activities, chronic pain and stiffness involving bilateral shoulders. The injured worker also continued to complain of persistent visual problems in the right eye and persistent headaches. The injured worker reported medications provided 30-40% reduction in pain from 4/10 to 7/10 without medications. Initial request for Norco 5/325mg #150 with two refills was non-certified on 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, the request of Norco 5/325mg #150 with 2 refills is not medically necessary and appropriate.