

Case Number:	CM14-0216422		
Date Assigned:	01/06/2015	Date of Injury:	06/01/2014
Decision Date:	03/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Family Practice

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 44 year old male who sustained an industrial injury reported on 6/1/2014. He has reported persistent right upper lip and right side of nose soreness and tenderness; right facial weakness and numbness; daily occipital headaches; decreased hearing on the right side; nasal pain and dysfunction; blurred vision in the right eye; and persistent neck pain, right greater than left. The diagnoses have included open wound to the face and left eye; closed fracture of the orbital floor; probable inner ear concussion; and hearing loss. Treatments to date have included consultations; diagnostic laboratory and imaging studies; laceration repair; and medication management. The work status classification for this injured worker was noted to be totally temporarily disabled with no availability for modified work duties. A 11/5/14 report notes that injured worker complains of facial laceration and pain, neck pain, and pain over nasal bridge. Examination revealed cervical pain, tenderness and spasm. Treatment plan included cervical physical therapy and imaging. It is noted that the current medication regimen allows the injured worker to perform his activities of daily living. On 11/26/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/5/2014, for Norco 5/325mg #60. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines; the American College of Occupational and Environmental Medicine, occupational medical practice; and the Official Disability Guidelines, treatment index, neck and upper back, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck and upper back-MRI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The request for Norco 5/325 mg #60 is supported. The medical records indicate that the injured worker sustained injuries to his face and neck. He sustained facial lacerations and currently has complaints of facial pain, neck pain and headaches. Examination has revealed objective functional deficits. The patient is undergoing treatment for his injuries and is reporting pain relief and ability to perform his activities of daily living with the current medication regimen. The MTUS guidelines state that opioids may be continued if there has been improvement in pain and function. Given the reported benefit with Norco, given the low morphine equivalent dosage, and given lack of evidence of opioid abuse or diversion, the requested medication is supported. The request for Norco 5/325 mg #60 is medically necessary.