

Case Number:	CM15-0016920		
Date Assigned:	02/04/2015	Date of Injury:	03/21/2007
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

On 3/21/07, this 38 year old male sustained an industrial injury. The injured worker was diagnosed with bilateral pneumothorax, left epididymitis, multiple rib fractures and ruptured spleen. In a PR-2 dated 12/1/14, the injured worker complained of pain in the chest, neck, back, inguinal area, abdomen, testicles, bilateral elbows, bilateral wrists and bilateral feet as well as headaches and dizziness. Physical exam was remarkable for tenderness to palpation to the soles of bilateral feet, bilateral knees, bilateral elbows, bilateral wrists, parathoracic area, lumbar spine, anterolateral chest wall, lower abdomen and bilateral testicles. The treatment plan included continuing medications Viagra, Prilosec and Norco and checking the status for urology second opinion. On 1/12/15, Utilization Review noncertified a request for Norco 10/325mg, #180, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: In this case, the note dated December 1, 2014, requesting Norco (10/325 1 tab PO q4-6 hours #180) shows no indication of follow up plan or length of time over which the Norco will be likely be used. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. The requesting note does not detail which specific pain complaint(s) warrant opioid therapy. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects (to include constipation and sexual dysfunction as seen in this case). While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The note requesting 180 tablets of Norco does not detail how long the medication would actually be expected to last (at max dosing as written, only thirty days) or for which specific pain complaints it was requested as a treatment, indicating that more detailed expectations should be outlined with the patient regarding the treatment plan and follow up. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for follow up, re-evaluation, etc. in light of the chronic nature of this case, the request for 180 tablets of Norco 10/325 is not considered medically necessary.