

Case Number:	CM15-0174546		
Date Assigned:	09/16/2015	Date of Injury:	04/28/2004
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

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:

The injured worker is a 36-year-old male who sustained an industrial injury April 28, 2004, when hit in the head by a hook, which was propelled by compressed air with loss of consciousness. CT scan of the face revealed a nasal septal fracture, bilateral nasal bone fracture, and a right orbital blow out fracture. According to a primary treating physician's progress report, dated August 11, 2015, the injured worker presented for evaluation of headaches. He reports using Norco one a day, and on bad days, he will take two, which controls his pain. He rated his pain 8 out of 10 without medication and 3 out of 10 with medication. He is able to perform house chores and exercise 30 minutes a day with medication. Objective findings are documented as no acute distress, some pressure in his maxillary sinus area with palpation. Diagnoses are status post (3) nasal surgeries, December 2010, 2005, and 2004; chronic headaches following concussion; persistent visual problems in the right eye. Treatment included; dispensed ibuprofen 800mg #60, obtained a urine drug screen, and at issue, a request for authorization dated August 18, 2015, for Norco 5-325mg #45 no refills. According to utilization review August 26, 2015, the request for (1) prescription of Norco 5-325mg #45 was modified to certification of (1) prescription of Norco 5-325mg #25, with the remaining #20 non-certified between August 11, 2015 and October 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The guidelines do not support the use of opioids for chronic headaches. In this case, the injured worker has been prescribed Norco for an unknown length of time. The use of opioids for headaches is not supported by the guidelines. Additionally, the most recent drug screen was inconsistent for opioid use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg #45 is determined to not be medically necessary.