

Case Number:	CM15-0177758		
Date Assigned:	09/18/2015	Date of Injury:	09/06/2012
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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 56 year old male, who sustained an industrial injury on 11-30-04. The injured worker was diagnosed as having concussion syndrome; chronic post-traumatic headache; traumatic brain injury with loss of consciousness; anxiety and depression. Treatment to date has included medications. Currently, the PR-2 notes dated 8-13-15 indicated the injured worker was in the office for a recheck. The provider documents the injured worker "sustained a concussion 9-6-12 at work. Has had chronic post traumatic since, takes Norco daily, has had extensive work- up by neurologist; patient also suffers from post-traumatic depression due to loss of livelihood, chronic pain, loss of his ability to care for his property-family-drive-etc." The provider documents on 4-21-14: Patient was prescribed Cymbalta for chronic pain and HA [headache] as well as his depression. Patient was referred to a psychotherapist; other meds were refilled 5-1-14; Cymbalta was not yet approved. Therefore, he continued on Prozac until it ran out 3 days ago. Patient is now experiencing some withdrawal symptoms and worsening depression; denied suicidal or homicidal ideation; patient started on Pristiq (samples). Referral to psychotherapist is still pending 5-20-14. Patient reports Pristiq helped greatly with depression and HA. Patient has not heard from anyone regarding psychotherapy referral. Patient is being scheduled for QME; no change in pain-sleep or other concerns. 6-17-14 patient reports ongoing HA 3 x week minimum. Depression is stable-in remission on current medication. He has not heard anyone regarding psychotherapy appointment or QME appointment. 7-17-14: patient with ongoing HA's; depression stable. Needs medication refills; no word yet regarding QME appointment or psychotherapy. The provider continues with office visit follow-ups and brings

us to 12-4-14 documenting: Patient is here for a follow-up visit. Patient is depressed today; has not had his medication for 2 weeks due to lack of approval from his adjustor. 1-16-15: Patient status is unchanged; has not heard regarding QME; has gotten his meds as prescribed. 2-12-15: Patient complains that the injury is about the same, but that he is more anxious. 3-19-15: Recheck on head injury and anxiety; ongoing HA; medication helps anxiety; patient reports he had QME late 2-2015; he has not received report yet. 4-16-15: patient reports no changes in condition; brings QME report in for review. 6-8-15: Patient reports no changes in his status; has not seen cognitive therapist recommended by his QME MD. 8-13-15: Patient has been out of medication for 2 days; not feeling well. Patient reports that he is not feeling any better. Patient complains of shaky hands and dry mouth. (Father deceased last month.) The provider's treatment plan included a request for the pending consulting evaluation-treatment by cognitive psychologist per QME recommendation and a refill of medications. A Request for Authorization is dated 9-9-15. A Utilization Review letter is dated 8-26-15 and non-certification was for Norco 10-325mg 1 tablet every 4-6 hours PRN #180. Utilization Review denied the requested medication for not meeting the CA MTUS Guidelines stating "The Norco cannot be certified since there is no documentation of the 4 A's which the cited guidelines recommend as a minimum in prescribing long-term opioids. There would include a written long-term pain management plan, regular VAS scores filled out by the patient documenting significant improvement in function and in pain". Utilization Review certified these requested medications: Pristiq 50mg 2 tablets ER 24hrs daily #180 with 1 refill for depression and Clonazepam 1mg 1 tab TID #90 x 5 refills for anxiety. The provider is requesting authorization of Norco 10-325mg 1 tablet every 4-6 hours PRN #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet every 4-6 hours PRN #180: 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): Weaning of Medications, 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 injured worker has been taking Norco since at least 2013 for post-traumatic chronic headaches without continued objective documentation of functional improvement or significant decrease in pain. 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 10/325mg 1 tablet every 4-6 hours PRN #180 is not medically necessary.