

Case Number:	CM15-0099505		
Date Assigned:	06/02/2015	Date of Injury:	09/06/2012
Decision Date:	09/01/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 56 year old male who sustained an industrial injury on 9/6/12. He had complaints of head pain. Diagnosed with a concussion. Progress report dated 4/21/14 reports continued complaints of chronic headache and severe posttraumatic depression. He is taking Norco daily. Diagnoses include: post traumatic chronic headaches, concussion syndrome and post traumatic depression. Plan of care includes: trial cymbalta for depression and chronic pain, trial topical compounded pain reliever, referral for psychotherapy, start clonazepam 0.5 mg, changed amitriptyline HCL 100 mg 1 at bedtime, # 90, continue hydrocodone-acetaminophen 10-325 mg 1 every 6 hours as needed, #120, started duloxetine HCL 60 mg, started prevacid 30 mg 1 every day, refer to a psychologist and other medications refilled. Follow up in 4 weeks. Progress report dated 3/19/15 reports chronic posttraumatic depression due to loss of livelihood, chronic pain, loss of ability to care for his property/family/drive/etc. Plan of care includes: continue naproxen DR 500 mg 1 twice per day as needed, #180, continue hydrocodone-acetaminophen 10-325 mg 1 every 6 hours as needed, #120, and continue pristiq 50 mg 2 daily, #180. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 105, 124.

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

Decision rationale: Per the MTUS guidelines, the long-term use of opioids is not supported due to the development of habituation, tolerance and hormonal imbalance in men. In addition, the MTUS guidelines state that opioids may be improved if there has been improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of this medication. Furthermore, per the MTUS guidelines, opioids for headaches are not recommended, in particular, due to the risk of medication overuse headache. The request for Hydrocodone-Acetaminophen 10/325 mg #180 is not medically necessary and appropriate.

Naproxen 500 mg #180 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Anaprox Page(s): 21-22, 72-73.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of Naproxen. The request for Naproxen 500 mg #180, refill 1, is not medically necessary and appropriate.