

Case Number:	CM13-0032787		
Date Assigned:	12/06/2013	Date of Injury:	04/22/2011
Decision Date:	03/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

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

Mr. [REDACTED], 54-year-old gentleman, had a work injury on April 22, 2011. He sustained injury to both feet and low back from repetitive stepping up and down a forklift. The diagnoses are lumbar sprain/strain, bilateral plantar fasciitis, bilateral ankle/foot pain, chronic pain syndrome, chronic pain-related insomnia and neuropathic pain. CT scan of the foot indicates calcaneal spur and osteophyte. On May 10, 2013, [REDACTED], treating physician, started him on Cidaflex in addition to Norco 10/325. Utilization review certified Norco and Cidaflex between 6/13/2013 and 8/27/2013, between 7/9/2013 and 9/8/2013, modified Cidaflex between 7/11/2013 and 9/24/2013, and non-certified Norco 10/325 between 7/11/2013 and 9/2013. On September 4, 2013, utilization review non-certified Norco 10/325 #60 between 8/20/2013 and 11/2/2013 and non-certified Cidaflex #90 between 8/20/2013 and 11/2/2013; based on [REDACTED], 8/20/2013, report indicating that multiple prior reviews had recommended discontinuation and weaning of Norco. The weaning program should now be completed and documentation indicated that Cidaflex use since 5/28/2013, show no evidence of improvement in pain and function. On October 2, 2013, the above denial is submitted to IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria to Continue Opioids Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioids are that the patient has returned to work and that the patient's function has improved. The records do not show that the patient has returned to work, nor do they show an improvement in function. The request for Norco 10/325 mg, 60 count, is not medically necessary or appropriate.

Cidaflex, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The Chronic Pain Medical Treatment Guidelines for this narcotic are based on studies of Cidaflex for chronic Knee osteoarthritis. The records show that the patient has chronic bilateral osteoarthritis ankle pain. There is no documentation that the patient has chronic knee osteoarthritis. The request for Cidaflex, 90 count, is not medically necessary or appropriate.