MAXIMUS Federal Services

Case Number:	CM13-0052212		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2005
Decision Date:	03/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who was injured on 12/23/2005. The patient worked as a wheel developer, who was employed by [redacted] 1989 through 01/08. He claims having sustained an instant industrial injury to his right ankle/foot on the date on injury. The patient was at work approximately 20 feet off the ground on top of a ladder, when the ladder fell with him on it. As a result of this fall, he fractured his right ankle. He was transported by ambulance to [redacted] He was diagnosed with a right ankle fracture. He was transported the following day to the [redacted]. The patient was evaluated by an orthopedic surgeon who performed a closed reduction and applied an external fixation. After the soft tissue trauma had somewhat dissipated on 01/09/06 the doctor removed the external fixation and performed and open reduction internal fixation of his right ankle Pilon fracture. He was discharged from the hospital after several days. The patient was referred for definitive orthopedic surgical care post-discharge; he was first evaluated on 01/19/2006. He was prescribed a course of physical therapy and rehabilitation, appropriate pharmacologic intervention, and a course of home exercises. However despite an aggressive course of conservative treatment the patient still remained symptomatic. On 1/03/2007 the patient underwent surgery, a right ankle arthrodesis, and removal of hardware. After surgery the patient underwent a course of physical therapy and rehabilitation, pharmacologic intervention, activity modification and progressive increased activity. However still despite the aggressive course of post-operative treatment the patient still remained symptomatic. Based on post-fusion work-up it was determined that the subtalar joint might be the source of the ongoing pain. On 12/03/2007 a CT guided right posterior subtalar joint injection was performed. This resulted in only short term improvement. MRI of the right ankle was performed, this revealed tendinosis of the tibialis posterior tendon without definitive tear. There was also some evidence of chronic plantar

fasciitis and a small calcaneus spur. The patient states that he experiences pain over the medial and lateral aspects of the right ankle, together with constant swelling of the ankle. He also reports a purplish discoloration of the right foot. The patient states that he experiences numbness/ tingling over the medial and lateral aspects of the right ankle. He indicates that his right ankle/foot pain is exacerbated with prolonged walking/standing and stair climbing. He states he is unable to kneel or squat due to right ankle/ foot pain. Per the 11/4/2013 examination by [redacted] the patient stated having ongoing right ankle pain. Taking pain medication allows him to walk longer and sleep through the night with the addition of Lunesta. He ambulates using a cane but despite use he walks at least 2-3 times per day for exercise. Relevant objective findings included decreased right ankle range of motion, tenderness to palpation over the medial and lateral aspect of the right ankle, no instability, and normal bilateral lower extremity motor and reflexes. The patient's diagnosis included right ankle pain; status post right ankle ORJF; status post right ankle and 5th metatarsal fracture; status post ankle fusion; insomnia due to chronic pain; depression due to chronic pain; and Gastrointestinal (GI) upset due to use of non-steroidal anti-inflammatory drugs (NSAID)'s.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120; 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77, 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (updated 3/7/14)-Opioids for chronic pain.

Decision rationale: Regarding the request for Norco, the current treatment guidelines generally support the lowest dose for the shortest period of time, as a second line of analgesia following inadequate symptom relief and/or restoration of function with first line analgesics. This recommendation is emphasized due to the known potential for risks including tolerance, dependency, addiction and hyperalgesia. In situations where long-term use of opioid analgesics is prescribed, ongoing review and documentation of the patients response to the medication including pain relief, functional status, appropriate medication use and assessment for any side effects should be included. Ongoing use is supported when a patient reports decreased pain, shows increased level of function, or improved quality of life. Discontinuation is recommended if there is no overall improvement in function, unless there are extenuating circumstances. Norco is indicated for moderate to moderately severe pain. For weaning purposes, the previous UR reviewer modified the prescription for Norco. This modification to begin weaning was based on the long duration of medication use, negative urine drug screens for Norco despite prescriptions, continued rating of moderate/severe pain, and a lack of use on an as needed basis. Had the patient actually been taking the Norco, he would have been a reasonable candidate. As the prior modification certified 75% of the requested medication, an additional 25% reduction will be administered per this determination. Therefore, the prospective request for I prescription of Norco I0/325mg #120, with 2 refills, is not medically necessary.