MAXIMUS Federal Services

Case Number:	CM13-0064859		
Date Assigned:	01/03/2014	Date of Injury:	05/20/1991
Decision Date:	06/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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/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 claimant injured her ankle on 06/20/91 and Norco 10/325 mg #90 has been prescribed. She has chronic right ankle pain and is status post surgery x 3 in the early 1990s. Progress notes (11/5/2013) indicate that she also reports foot swelling and pain levels that range from 8-10/10 with occasional shooting pain in her knee. She had difficulty walking due to her pain and was taking Vicodin and Norco every other month or so for pain. She had a limp and favored her right leg with decreased ROM of the ankle and was using a cane. There was slight swelling over the anterior and lateral ankle and tenderness to palpation over the anterior and lateral ankle, anterior talus, Achilles, and lateral joint complex. There was no ligament laxity or instability. She had intact strength and hypersensitivity over the anterior and lateral ankle. She had previously used Vicodin ES (per a note dated 06/06/13) but it had been tapered and discontinued. She reported on 06/06/13 that acupuncture helped to control her pain and swelling. Urine drug tests have been done. Vicodin ES was prescribed but was not approved. It was ordered again on 07/10/13. On 11/05/13, she saw [redacted] and was prescribed Norco but was also discharged. Replacement of her orthotics was recommended. The treating physician indicates on 11/06/13 that she was taking Vicodin/Norco daily. However, several drug screens have been negative for opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 78.

Decision rationale: The history and documentation do not objectively support the request for Norco 10/325 mg, #90. California MTUS outlines several components for initiating and continuing opioid treatment. California MTUS states, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." There is no documentation of trials and subsequent failure of or intolerance to first line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs). California MTUS further explains, "Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There also is no indication that periodic monitoring of the claimant's pattern of use and her response to this medication, including assessment of pain relief and functional benefit, will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefit she receives from treatment measures. Additionally, the 4 A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per guidelines. The claimant's pattern of use of Norco is unclear other than she takes it (or Vicodin) daily. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. The claimant's drug screens have been negative for opioids, though daily use of Norco/Vicodin has been mentioned. This possible discrepancy has not been addressed clearly by the treating physician. Additionally, the progress note on the date the Norco was prescribed indicates that the claimant was discharged from care. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated.