

<b>Case Number:</b>	CM14-0106181		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 58-year-old male with an injury date of 05/31/11. Based on 06/09/14 progress report provided by [REDACTED] the patient complains of right foot pain. Examination shows tenderness to right fibula and smooth range of motion of the ankle. Prescription of Norco was refilled. MRI of right foot per 04/10/14 provider report showed probable solid subtalar fusion and questionable impingement over tip of fibula with some inflammation. Diagnosis 06/09/14: status post right subtalar fusion, residual calcaneofibular irritation. Physical Exam dated 06/09/14 by [REDACTED]: Patient has non antalgic gait and is doing very well. Left hip has negative Stinchfield, negative Trendelenburg. Range of motion finding to left hip are normal. The limb length discrepancy was noted and Neurovascularity was intact distally. X-Ray of left hip 06/09/14: well-positioned, well-fixed summit, cementless stem Pinnacle cup, no lucency or loosening. Diagnosis 06/19/14: status post left hip total hip arthroplasty (January 2014) and prescription of physical therapy given for patient to start home exercise program. Operative Report dated 04/17/14 by [REDACTED]: Diagnoses: Chronic recurrent frontal sinusitis, frontal sinus defect, facial deformity secondary to frontal sinus collapse. Procedure: frontal steoplastic approach, frontal sinus debridement and placement of cranioplastic graft for frontal sinus and facial reconstruction. [REDACTED] is requesting for one outpatient follow up in 2 months and Norco 10/325 mg #180. The utilization review determination being challenged is dated 06/18/14. The rationale is 180 not medically reasonable and medically necessary. [REDACTED]'s recommendation is for a follow up in 2 months and ninety Norco's. [REDACTED] is the requesting provider, and he has provided treatment reports from 04/10/14 - 08/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Outpatient follow up in 2 months: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

**Decision rationale:** Patient presents with right foot pain. The request is for Outpatient follow up in 2 months. Review of reports show that patient had multiple surgeries that include right subtalar fusion, left hip total hip arthroplasty, frontal sinus debridement and placement of cranioplastic graft. With regards to follow up visits, ACOEM states "Physician follow-up can occur when a release to modified-, increased-, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." Patient has had multiple procedures and complains of foot pain. Outpatient follow up in 2 months is medically necessary and appropriate.

### **Norco 10/325mg #180: 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 Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60,61,88,89.

**Decision rationale:** Patient presents with right foot pain. The request is for Norco 10/325 mg #180. Review of reports show that patient had multiple surgeries that include right subtalar fusion, left hip total hip arthroplasty, frontal sinus debridement and placement of cranioplastic graft. Per MTUS Guidelines on pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, review of reports show that pain has not been assessed, hence there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, Norco 10/325mg #180 is not medically necessary and appropriate.