

Case Number:	CM14-0106225		
Date Assigned:	07/30/2014	Date of Injury:	03/14/2005
Decision Date:	10/15/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old male with a work injury dated 3/14/05. The diagnoses include left foot pain status post calcaneus fractures and multiple surgeries. The last surgery was in 2008 with bone graft. Under consideration is a request for Norco 10/325 mg #360. There is a primary treating physician report dated 4/23/14 that states that the patient continues to have left foot and ankle pain. He states his pain is about a 6/10 to 7/10, coming down to 3/10 to 4/10 with the medication. He gets good relief with the Norco. He gets occasional constipation. He takes some medication for that periodically, otherwise, no side effects. The medication allows him to walk. It allows him to cook and clean. He is tolerating it well. He takes 4 Norco per day. The objective findings reveal no significant change from last visit. #360 of Norco were dispensed. The treatment plan states that he is functional on the medication. He gets occasional constipation only; otherwise, no side effects. There is no aberrant drug behavior. He is doing well. His last urine drug screen of 11/06/2013 was consistent. Documentation indicates he is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #360: 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 On-Going Management., When to Discontinue Opioids, Opioids, pain treatment agreement Page(s): 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.20. Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement)

Decision rationale: Norco 10/325 mg #360 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS opioid guidelines recommend documentation of current risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and patient as well as ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication use. The documentation does not reveal objective documentation of an updated signed pain contract or attempts at weaning. The documentation submitted states that there were recommendations made in 2013 on peer review for up to 4 months of Hydrocodone. The patient continues to remain on Hydrocodone without significant evidence of functional improvement as defined by the MTUS. The request for Norco 10/325 mg #360 is not medically necessary.