

Case Number:	CM14-0012568		
Date Assigned:	02/21/2014	Date of Injury:	03/13/2003
Decision Date:	07/10/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 60-year-old female who reported an injury on 03/13/2003 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/06/2013 for reports of right ankle pain and right hand pain. The exam noted tenderness with limited range of motion to the right ankle. The diagnoses included status post right ankle arthroscopy with microfracturing of the talus, lumbar discopathy, status post right carpal tunnel release and trigger finger release, status post right long digit and right thumb and trigger finger release, and right ankle hardware pain. The treatment plan included physical therapy, recommendation for ankle hardware removal, and continued medication therapy. The request for authorization without rationale is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg #90 is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of evidence of the objective assessment of the injured worker's pain level and functional status. Therefore, the request is not medically necessary.

AMBIEN 30MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien); ½).

Decision rationale: The request for Ambien 30 mg #30 is non-certified. The Official Disability Guidelines may recommend Zolpidem for short term (2 to 6 weeks) use for the treatment of insomnia. There is a significant lack of evidence of the patient having a diagnosis or suffering from insomnia in the documentation provided. Furthermore, there is a significant lack of evidence of the efficacy of the medication being prescribed. Therefore, based on the documentation provided, the request is not medically necessary.

Right Ankle Hardware Removal, 2 days LOS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Hardware Removal, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines does not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain after ruling out other causes to include infection and non-union. The clinical documentation submitted for review indicated the injured worker had persistent pain. However, there was a lack of documentation indicating that other causes for pain had been ruled out including infection and non-union. This portion of the request would not be supported. The Official Disability Guidelines does not specifically address hardware removal, however, they address ankle repair and the hospital length of stay is a mean of 2 days. Given the above, the request for right ankle hardware removal, 2 days LOS is not medically necessary.

Post Op Med Norco: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op Med Duracef: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op Med Zofran: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right hand Physical Therapy X 8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.