MAXIMUS Federal Services

Case Number:	CM14-0125582		
Date Assigned:	08/11/2014	Date of Injury:	09/18/1997
Decision Date:	09/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 60-year-old male who had a work related injury on 09/18/97. Mechanism of injury was not noted although he suffered calcaneal fracture of his right foot from that injury. Most recent clinical documentation submitted for review was dated 06/25/14 it was noted that the continued to have residual chronic pain. The injured worker stated he had some increased pain recently. The injured worker was working some piers putting some piers in for a deck and was on a hillside. Uneven ground seemed to really bother his foot, as did ladders and steep hills. He was not bad on flat ground. The injured worker continued to note some residual weakness in the right lower extremity, stiffness, and pain. He took Ibuprofen 600mg two to three times a day and took Norco one to two in evening. His pain is rated as, constantly dull 2/10 and with vigorous work, raises to 8/10. Ibuprofen helps somewhat to perhaps a 6-7/10. In the evening, Norco decreased the pain to 2-3/10. On physical examination, the injured worker had well healed surgical scar about the left foot and ankle. The injured worker walked with antalgic gait. The injured worker had some persistent calf atrophy on the right, measuring 36.5cm compared to the left at 38.5cm. Range of motion was restricted with ankle dorsiflexion to 10 degrees and plantar flexion of 35 degrees. Inversion and eversion were limited to 10 degrees each. There was crepitus with this manipulation. There was mild swelling of the lateral aspect of the ankle and hind-foot. Pulses, sensations, and motor were intact. Prior utilization review on 07/16/14 was modified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg, QTY: 90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 22 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbation of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the patient cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Motrin 600mg cannot be established as medically necessary.

Norco 5/325 mg, QTY: 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications. Prior utilization review on 07/16/14 was modified to initiate weaning. However, these medications cannot be abruptly discontinued due to withdrawal symptoms and medications should only be changed by the prescribing physician. As such, Norco is not medically necessary.