

Case Number:	CM14-0128992		
Date Assigned:	09/05/2014	Date of Injury:	04/25/2013
Decision Date:	11/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 40 year old female who was injured on 04/25/2013 due to repetitive walking. Her pain medications as of 07/08/2014 included Lyrica 200 mg, Lyrica 100 mg, Norco 10/325 mg, Tizanidine HCL 4 mg, and Pantoprazole Sodium 20 mg. Progress report dated 07/08/2014 indicates the patient presented with ongoing pain in the left foot. The patient described her pain as aching, sharp, shooting and throbbing. She rated her pain as 8/10. The pain is constant and is exacerbated by activity but it is relieved by heat, ice, and medications. On exam, she has pain in her left ankle as well as swelling. The patient is diagnosed with calcaneal spur of the left ankle, plantar fasciitis. She was recommended to continue with Norco. She had a toxicology test on 04/01/2014 which detected hydrocodone, hydromorphone, and norhydrocodone. Prior utilization review dated 07/10/2014 states the request for Norco 10/325 mg every 8 hours quantity: 90 (Rx 06/03/14) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg every 8 hours quantity: 90 (Rx 06/03/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids Page(s): 75-94.

Decision rationale: The medical documentation from the treating physician dated July 8, 2014 indicates the treatment plan as including a plan for a Functional Rehabilitation Program to wean the patient from opioid medications. The documentation demonstrates adequate justification for continued treatment based on pain severity, response to treatment, minimization of exposure, and plans to wean as appropriate based on the request for FRP. Based on the fact that the medical records, when taken in their entirety as well as related to the plan to wean the patient as appropriate, the request is considered medically necessary per MTUS guidelines.