

Case Number:	CM14-0162048		
Date Assigned:	10/07/2014	Date of Injury:	10/20/2004
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of October 20, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; earlier ankle surgery; a TENS unit; and opioid therapy. In a Utilization Review Report dated September 18, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes, and denied ankle MRI. The applicant's attorney subsequently appealed. In a September 8, 2014 progress note, the applicant reported persistent complaints of ankle and leg pain, 7-8/10. The applicant's medication list included Norco, Motrin, and aspirin, it was acknowledged. Norco was apparently renewed. MRI imaging of the ankle was sought to evaluate the applicant's ongoing pain status post open reduction and internal fixation surgery. It was stated that the applicant might have a possible fracture about the distal end of the talus and/or that the applicant might need to have either a revision surgery and/or hardware removal procedure. It was seemingly suggested that the applicant's pain levels were reduced to 3-4/10 with medications, albeit incongruously. The applicant was working regular duty, it was noted on this occasion. Earlier notes of July 5, 2012 and August 2, 2012 suggested that the applicant was working regular duty at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #180 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has posited that ongoing usage of Norco has appropriately diminished the applicant's pain complaints, facilitated the applicant's ability to ambulate, and helped the applicant maintain full-duty work status. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

MRI for the Right Ankle Without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 374, MRI imaging "may be helpful" to clarify a diagnosis of delayed recovery such as osteochondritis dissecans. In this case, the attending provider has posited that the applicant may have a residual fracture evident about the surgical site versus hardware failure versus some other diagnosis of delayed recovery. The attending provider has posited that the applicant may in fact undergo a repeat or revision surgery based on the outcome of the MRI in question. MRI imaging is, thus, indicated here. Accordingly, the request is medically necessary.