MAXIMUS Federal Services

Case Number:	CM14-0163327		
Date Assigned:	10/08/2014	Date of Injury:	06/08/2008
Decision Date:	11/12/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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 Texas and Florida. 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 60 year old male who was injured on 8/8/2008. The diagnoses are left ankle and foot pain. The patient was also diagnoses with cervical and lumbar spondylosis. A 2010 MRI of the left foot showed talofibular ligament tear. A recent MRI showed multilevel degenerative disc disease and spondylosis of the cervical and lumbar spines. On 8/27/2014, [redacted] noted subjective complaint of left ankle pain that is increased with prolonged standing and walking. The patient was ambulating with the aid of a Cane. On 10/1/2014 physical examination of the extremities revealed normal skin, muscle tone, motor, reflexes and sensory tests. The only significant findings was the radiological reported related to the cervical and lumbar spine. It was noted that the patient was being continued on hydrocodone because he was intolerant of morphine. There was no detail provided on the opioid related side effects.A Utilization Review determination was rendered on 9/8/2014 recommending modified certification for Norco #90 to #81.

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 for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records did not show any subjective or objective findings related to the left ankle injury that is indicative of the presence of severe pain that required chronic treatment with opioid medications. The criteria for the use of Norco 10/325mg #90 was not met.