

Case Number:	CM14-0172459		
Date Assigned:	10/23/2014	Date of Injury:	11/02/2013
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Pain Management 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 46-year-old male who sustained an injury on November 2, 2013. He is diagnosed with (a) left foot/ankle fracture and (b) old tibia/fibula fracture. He was seen for an evaluation on October 13, 2014. He noted continued pain with standing and walking. The pain was rated 5/10. He was taking two tablets of Norco a day to get through a day. An examination revealed tenderness over the medial and lateral malleolus. He had about 10 degrees of flexion and extension around the neutral point. He had 2+ soft tissue swelling as well as a fallen arch medially. Distal touch was slightly decreased. Capillary refill was good. Calf was soft with no pretibial edema. Gait was somewhat antalgic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and

functioning. Clinical case of the injured worker has satisfied neither of these conditions. While the injured worker reported Norco permitted him to get through the day, there were no significant objective findings or decreased pain scores through visual analogue scale to warrant the need for Norco 10/325 mg #60. Hence, the request for Norco 10/325 mg #60 is not medically necessary.