

Case Number:	CM14-0182215		
Date Assigned:	11/10/2014	Date of Injury:	01/02/2014
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine and is licensed to practice in 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 54-year-old male with a date of injury of 1/2/2014. The patient was immediately taken to a local emergency room where CT's and X-rays revealed the following diagnoses: T12-L3 compression fractures, a right tibial plateau fracture, a left medial malleolus fracture, and a left talar neck fracture. The patient was seen by neurosurgery, during his hospital stay immediately following the accident, regarding the T12/L3 compression fractures, and surgery was not deemed necessary. On 9/11/2014 he underwent left ankle surgery. A 9/30/14 physical exam showed a well healed left ankle incision and sutures were subsequently removed. It was noted at this visit that the patient is still having pain and having to walk with crutches. Since the surgery the patient has been referred for physical and chiropractic therapy. He was given a prescription for Norco and Ibuprofen. Unfortunately the request for Norco did not provide a quantity or dosage (likely a simple over site). Likewise, a utilization review physician took a logical approach to approving "60" 10/325 mg Norco tablets for this patient who is still in pain in the postoperative period since the utilization review physician had to modify this request, and independent Medical Review has now been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California MTUS Guidelines state, "Hydrocodone/Acetaminophen indicated for moderate to moderately severe pain. Note: there are no FDA-approved Hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (greater than 5mg/tab) and acetaminophen (greater than 500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of Acetaminophen, which should not exceed 4g/24 hours." Unfortunately, this request for Norco does not specify a dosage or a quantity. This request cannot be approved as it is stated, and is, therefore, not considered medically necessary.