

Case Number:	CM14-0021691		
Date Assigned:	02/24/2014	Date of Injury:	08/25/2010
Decision Date:	07/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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:

This is a 39-year-old male patient with an 8/25/10 date of injury. He fell off ladder about 14 to 16 feet high off the ground, and injured his right foot. He is status post right foot and ankle surgery in 2010 with hardware removal one year later. He is noted to be on opiates and methadone for pain since his injury. As of the progress note dated 9/20/13 the patient was noted to have recent right ankle surgery again on 8/22/13, with no diagnostic changes and 8-9/10 pain. He was instructed to continue his outside medications including Vicodin 5/500 q 6 hrs, from an outside provider, and Vicodin 5/325 TID from the requesting provider, and then another opiate Norco 2.5/325 TID was added to his regimen. He was seen again on 10/21/13 and described sharp-shooting and stubbing type pain, 8-9/10, of the right ankle. He was told to continue his outside pain medications, which were not specified, and his Hydrocodone 2.5/325 mg 1tab x was refilled. A 12/12/13 physical therapy note indicated that the patient complained of pain, 5/10, and stiffness. Objective findings revealed severe tenderness in the peroneal and gastrocnemius muscles. Range of motion with the ankle dorsiflexion, eversion and inversion was limited due to pain. He was diagnosed with ankle sprains, osteoarthritis, complex regional pain syndrome and chronic pain syndrome. Treatment to date: medication management, supartz injections, and physical therapy. There is documentation of a previous 12/31/13 adverse determination. The rationale provided in the medical records is about Diclofenac which does not match with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL HYDROCODONE 2.5/325 MG (NORCO), #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, page (79-81) Page(s): 79-81.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient was noted to have a long history of opiate use including hydrocodone and methadone for multiple surgeries to the right ankle and foot after falling off a ladder. As of the progress note dated 9/20/13 the patient was noted to have recent right ankle surgery again on 8/22/13, with no diagnostic changes and 8-9/10 pain. He was instructed to continue his outside medications including Vicodin 5/500 q 6 hrs, from another provider, and Vicodin 5/325 TID from the requesting provider, and then another opiate Norco 2.5/325TID was added. The patient's total Tylenol dose is close to that of 4 grams, which is the daily limit of acetaminophen. On 10/20/14 the patient was again told to continue his outside pain medications, which were not specified, as well as additional Norco 2.5 mg/325. The patient has multiple opiate prescriptions from multiple providers, and there is no rationale as to why the patient requires an additional Norco 2.5/325 q 8 hrs. The patient was still noted to have 8-9/10 pain but there is no discussion regarding a VAS with the patient's pain medications, exactly what all the patient's pain medications are, or functional gains with these medication. Therefore, the request as submitted for a refill of Norco 2.5/325 is not medically necessary.