

Case Number:	CM14-0023850		
Date Assigned:	06/11/2014	Date of Injury:	08/18/2011
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/25/2014

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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 49 year old male who sustained multiple injuries to the bilateral lower extremities at the feet on 8/18/11 due to a 75-80 foot fall. The injured worker sustained extensive fractures and dislocation of both ankles and feet. The injured worker had extensive reconstructive surgery performed with residual clawing of the toes and ongoing chronic pain. Current medication use as of November of 2013 included Hydrocodone. The injured worker's podiatry qualified medical evaluation (QME) report from 11/20/13 discussed further surgical treatment up to and including amputation. The injured worker was seen by a treating physician for follow-up. The injured worker described persistent pain in the feet, right worse than left. The injured worker continued to utilize ankle foot orthoses for both feet. On physical examination, there was fixed clawing of the toes bilaterally with stiffness over the hallux metatarsal phalangeal joint. Positive Tinel's signs were noted bilaterally. Norco was continued at this evaluation and the injured worker was instructed to follow-up in six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP TAB 10/325MG, DAYS SUPPLY: 22 QUANTITY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The clinical documentation provided for review did not specifically discuss the functional improvement or pain reduction obtained with the use of Norco. This medication is a short acting narcotic that can be considered an option in the treatment of moderate to severe musculoskeletal pain. As the functional benefit and pain reduction obtained with the use of this medication was not discussed in the most recent clinical records by the treating physician, the request cannot be considered medically necessary.