

Case Number:	CM14-0038871		
Date Assigned:	06/27/2014	Date of Injury:	08/08/2012
Decision Date:	08/21/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old male with a reported date of injury on 08/08/2012. The mechanism of injury was noted to be a slip and fall. His diagnoses were noted to include status post right ankle open reduction and internal fixation, right knee sprain, right ankle sprain, and headaches. His previous treatments were noted to include surgery and medications. The progress note dated 03/10/2014 revealed the injured worker complained of throbbing pain to his right heel with leg cramps at the bottom of his foot. The injured worker indicated his pain had remained the same since his last examination and rated the pain 8/10 with medications. Physical examination revealed active range of motion of the right ankle was decreased in all planes and severe with inversion and eversion. The progress note dated 05/29/2014 revealed the injured worker complained of pain to the right ankle. The injured worker reported it was the same since the last examination and it was rated 5/10. The physical examination of the right ankle was noted to have a decreased range of motion of less than 5 degrees. The examination of the right knee revealed tenderness over the peripatellar region with a decreased range of motion. The request for authorization form dated 03/10/2014 was for Norco 2.5/325 mg 1 every 6 hours as needed for pain #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325MG, 120 count.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines.Opioids, On-going Management Page(s): page 78.

Decision rationale: The request for Norco 2.5/325 MG, 120 count is not medically necessary. The injured worker has been utilizing this medication since 05/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated that with medications his pain rated 8/10. There is a lack of documentation regarding improved functional status, side effects, however, the most recent urine drug screen was performed 04/14/2014 and results were consistent with medication usage. Therefore, due to the lack of documentation regarding significant decreased pain on a numerical scale, side effects, and improved functional status with the utilization of this medication, the ongoing use of opiate medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Norco 2.5/325 MG, 120 count is not medically necessary.