

Case Number:	CM14-0049836		
Date Assigned:	07/07/2014	Date of Injury:	09/27/2010
Decision Date:	08/28/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

The patient is a 36-year-old male who has submitted a claim for Pain in Joint of Ankle and Foot, arthropathy not otherwise specified of ankle and foot and chronic pain syndrome associated with an industrial injury date of September 27, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right lower extremity pain, rated 7/10. He stated that medications were helpful and that he tolerated his medications well. He showed no evidence of developing medication dependency. On physical examination, the patient was ambulatory without assistance and gait was normal. There was tenderness noted over the lateral plantar arch. Foot range of motion was full but painful with inversion. There was weakness of the right tibialis anterior, flexor hallucis longus and extensor hallucis longus. The treatment to date has included biofeedback and medications including Hydrocodone/APAP 2.5/325 mg 1 tablet once a day (since at least January 2014). The utilization review from March 28, 2014 denied the request for Hydrocodone/APAP 2.5/325 mg #30 because this medication did not appear to have improved his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and there is an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case, Hydrocodone/APAP was being prescribed since at least January 2014 (7 months to date) however, given the 2010 date of injury, the exact duration of opioid use is not clear. The records showed that medications were tolerated well and that the patient showed no evidence of dependency. The records further stated that medications were helpful however, there was no objective evidence of continued functional improvement. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. Although opioids may be appropriate, additional information would be necessary as CA MTUS require clear and concise documentation for ongoing opioid management. Therefore, the request for Hydrocodone/APAP 2.5/325 mg # 30 is not medically necessary.