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| Case Number: | CM14-0051881 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 10/18/2010 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 04/02/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 41 year-old female with an injury date of 10/18/10. The patient was seen on 3/4/14 with complaints of right ankle pain. Findings from exam revealed a healed scar on the right ankle and pain on hyperpronation. Patient diagnosis is post right ankle scope with reconstruction of peroneal tendon. Treatments to date include: surgery and medications. An adverse determination was received on 4/02/14 given there was no documentation regarding medical necessity of use. The request was modified from #120 to #60. Treatment to date: surgery, medications. An adverse determination was received on 4/02/14 given there was no documentation regarding medical necessity of use. The request was modified from #120 to #60 to allow for a taper.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless; prescriptions are from a single practitioner, are taken as

directed and prescribed at the lowest possible dose. Unless there is ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects guidelines do not support ongoing opioid treatment. There is no documentation to support a decrease in VAS or ongoing functional gains with this medication. In addition there is also no evidence of monitoring in the form of CURES reports or consistent urine drug screens. The UR decision certified #60 tablets of Norco. Therefore, the request for Norco 2.5/325mg #120 was not medically necessary.