

Case Number:	CM14-0054141		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2013
Decision Date:	08/12/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 and Rehabilitation 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 injured worker is a 54-year-old female who reported an injury on 12/05/2013 due to a slip and fall caused by a wet floor. On 03/14/2014, the injured worker presented with pain in the right knee, ankle, and foot. Upon examination, there was full range of motion to the knee with minimal pain, and nontender patellar tendon. An MRI of the knee revealed negative for acute injury and a grade 2 sprain of the ankle. The diagnoses were medial collateral ligament sprain of the knee, ankle sprain of the right, and foot sprain right. Prior therapies included medication and physical therapy. Current medications include acetaminophen. The provider recommended Norco 5/325 mg with a quantity of 50. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg (50 tabs): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. In this case, there is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug use behavior, and side effects. The included documentation does not indicate whether Norco is a continuing or new prescription medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Norco 5/325 mg (50 tabs) is not medically necessary and appropriate.