

Case Number:	CM14-0057006		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2011
Decision Date:	09/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/28/2014

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 and is licensed to practice in Nevada. 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 52-year-old male who was reportedly injured on July 5, 2011. The mechanism of injury was noted as a trip and fall type event. The most recent progress note dated April 8, 2014, indicated that there were ongoing complaints of left ankle pain. The physical examination demonstrated a normotensive individual in no acute distress. A slightly antalgic gait pattern was noted. There was tenderness in the region of the bifurcate, calcaneal and tibiotalar ligaments, with a decrease in ankle dorsiflexion and plantar flexion. Diagnostic imaging studies were not reviewed. Previous treatment included conservative care and analgesic medications. A request was made for multiple medications and was not certified in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: When noting the date of injury, the actual injury sustained, the subjective indicators that there is less discomfort and less sensational disability relative to the left ankle and by the physical examination findings reported, there is no clear clinical indication to continue narcotic medications at this time. As outlined in the California Medical Treatment Utilization Schedule, this medication is for short-term use for moderate to severe breakthrough pain. It would appear that the right to pain generator is resolved and as such there is no indication for narcotic medications. Therefore, based on the medical records reviewed, the medical necessity for continued use of this medication has not been established.

Flurbiprofen NSAID cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112.

Decision rationale: This is a topical nonsteroidal agent. As outlined in the California Medical Treatment Utilization Schedule, "there is little evidence to support the use of topical nonsteroidal medications," and there is no indication of any efficacy with use of this medication. Furthermore, oral non-steroidal medications (Anaprox) are also being prescribed. Therefore, when noting the lack of improvement, the redundancy of the medications, and the parameters noted in the California Medical Treatment Utilization Schedule, there is no medical necessity established to continue this preparation.