MAXIMUS Federal Services

Case Number:	CM14-0060077		
Date Assigned:	07/09/2014	Date of Injury:	11/06/2010
Decision Date:	09/10/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 49 year old male injured on 11/06/10 when he was stepping backwards and his foot went into a gopher hole resulting in twisting of the left ankle. Diagnoses included; left ankle open reduction internal fixation on 11/30/12, left ankle debridement of affected tissue with advancement flap closure on 12/20/12, removal of fixation of left ankle on 01/11/13, lumbar sprain/strain, cervical spine sprain/strain, adjustment disorder with mixed anxiety and depression, and rule out gastritis due to medications. Clinical note dated 04/02/14 indicated the injured worker presented complaining of left ankle anterolateral moderate to severe pain worse at night and with activity. The injured worker described the pain as sharp and burning. The injured worker reported positive anxiety and depression well controlled. There was no significant physical examination provided for review. The initial request for one prescription of Norco 10-325mg #60 with one refill was not medically necessary on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Recommended Frequency of Visits While in the Trial Phase (first 6 months), When to Discontinue Opioids, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted per; The Chronic Pain Medical Treatment Guidelines page 77, patients must demonstrate functional improvement, in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits, or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review, it does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg #60 with 1 refill cannot be medically necessary at this time.