

Case Number:	CM14-0063668		
Date Assigned:	07/11/2014	Date of Injury:	10/09/2012
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 Geriatrics and is licensed to practice in New York. 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 43 year old man with a date of injury of 10/9/12. He was seen by his physician on 4/17/14 with complaints of ongoing right foot pain with inability to bear weight for more than 15-20 minutes without agonizing pain. An MRI of his right ankle and foot from 2/14 showed a healing fracture of the anterior process of the calcaneus. Ibuprofen had been helpful. His right foot exam showed tenderness over the calcaneus region and right foot and ankle joint and pain with range of motion. He had no ecchymosis or swelling and no laxity with stress testing of the ankle joint. He had exquisite tenderness over the plantar fascia. His diagnoses included third and fourth metatarsal fractures of the right foot with a minimally displaced comminuted fracture over the anterior calcaneus with extension into the subtalar joint and the calcaneal cuboid with inferior navicular avulsion fracture. At issue in this review is the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: According to MTUS guidelines regarding opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects are required. This 43 year old injured worker has chronic right foot and ankle with an injury sustained in 2012. The MD visit of 4/14 documents that; Ibuprofen is effective in relieving his pain and thus, the record fails to document the medical necessity for initiating the use of an opioid analgesic given potential side effects and risk. Therefore, the request for Norco 10/325 #60 is not medically necessary and appropriate.