

Case Number:	CM14-0067753		
Date Assigned:	06/04/2014	Date of Injury:	08/28/1990
Decision Date:	07/11/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 56-year-old male patient with a 5/26/06 date of injury. 1/15/14 progress report indicates unchanged pain complaints. Physical exam demonstrates left shoulder tenderness and restricted range of motion. 4/16/14 progress report indicates persistent arthritic ankle complaints. Physical exam demonstrates ongoing tenderness in the heel with palpation, functional ankle tibiotalar joint range of motion. The patient has responded well to topical medication treatment and use of orthotics. There is documentation of a previous 5/6/14 adverse determination because there was no documentation that prescriptions were from a single practitioner, but the lowest dose was being prescribed, and there would be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5/325MG #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, an opioid utilization timeline was not established. There is sparse information in the most recent medical report as to the domains of ongoing opioid management, including monitoring for diversion, abuse, side effects, or tolerance development; dosage adjustments, attempts to wean and taper, endpoints of treatment; and continued efficacy and compliance. It is unclear why ongoing narcotic management would be required in a patient that has responded very well to topical creams and orthotics. Therefore, the request for Norco 2.5/325mg #360 is not medically necessary.