

Case Number:	CM14-0068607		
Date Assigned:	07/14/2014	Date of Injury:	04/25/2013
Decision Date:	08/28/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 records, presented for review, indicate that this 40 year old male was reportedly injured on April 25, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated July 8, 2014, indicated that there were ongoing complaints of left foot pain. Current medications include Lyrica, Norco, Tizanidine and Pantoprazole. The physical examination demonstrated moderate swelling of the right ankle and severe swelling of the left ankle, mottling of the skin was noted, no tenderness on examination, limited range of motion of the left ankle and weakness with muscle strength testing, also allodynia to light touch. A functional restoration program and reduction of the opioid dependency by thirty percent was recommended. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was not mentioned. A request was made for Norco and was not certified in the preauthorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. every 8 hours QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for Chronic Pain Page(s) : 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule (MTUS) supports short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.