

Case Number:	CM14-0068763		
Date Assigned:	07/14/2014	Date of Injury:	08/14/2009
Decision Date:	09/17/2014	UR Denial Date:	04/08/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 69 year old male who sustained a fracture dislocation of the right foot on 08/14/09 with degloving which ultimately necessitated a below the knee amputation (right). The injured worker also had multiple conditions including degenerative joint disease in the lumbar spine and permanent blindness of left eye. The injured worker was followed for a history of phantom pain involving the right lower extremity for which he was being prescribed Lexapro and Norco for pain management. The injured worker also utilized Lyrica in the past for pain control. The injured worker also attended prior physical therapy. As of 04/03/14 the injured worker was continued to report right lower extremity pain at the stump site due to blister formation which prevented the injured worker from regularly utilizing his prosthesis. At this visit the injured worker was utilizing Norco up to two per day for pain control. Persistent burning type sensation and phantom leg pain in the right lower extremity after period of physical activity is noted. With medications the injured worker was able to complete activities of daily living and work in his home. On physical examination there was a stiff and antalgic gait due to right lower extremity prosthesis. Sensation was intact in the right lower extremity. The injured worker was started on Topamax 50mg twice daily for neuropathic pain and continued on Norco 10/325mg every 12 hours for pain control. Follow up on 05/07/14 indicated that the injured worker was utilizing an extra sock to prevent future blisters in the right lower extremity amputation site. No change in rate of Norco use was noted and the injured worker was able to complete activities of daily living with medications and work at home. The injured worker denied any side effects from medications. Physical examination findings remained unchanged. The requested Norco 10/325md #51 was denied by utilization review on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #51: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: This reviewer would have recommended this request as medically appropriate. The injured worker was utilizing a very small amount of Norco to manage right lower extremity phantom pain due to his right lower extremity amputation. Clinical documentation submitted for review indicated the injured worker was able to perform activities of daily living and work inside his home with up to two tablets of Norco per day. This is a relatively low dose of Norco and there is no evidence of any aberrant medication use or diversion that would cause concern for further use of narcotics. As such, the request of Norco 10/325mg #51 is medically necessary and appropriate.