

Case Number:	CM14-0078074		
Date Assigned:	07/18/2014	Date of Injury:	07/11/2012
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/28/2014

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 Orthopaedic Surgery 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 54-year-old male sustained an industrial injury on 7/11/12. Injury occurred while the patient was pushing a lawn mower and twisted his right ankle on an elevated turn. The patient underwent right ankle surgery on 3/14/13 with continued significant pain and difficult walking after surgery. The 1/29/14 right lower extremity EMG/NCV findings were consistent with a peroneal neuropathy. The 1/31/14 right foot MRI impression documented a tiny chondral fissure on the plantar aspect of the first metatarsal head. The exam was otherwise negative. The 1/31/14 right ankle MRI impression documented scarring of the anterior talofibular and calcaneofibular ligaments consistent with chronic sprain, and inframalleolar peroneus brevis and posterior tibialis tendinosis. There was no discrete tendon tear identified. Records indicated that the patient had failed conservative treatment with physical therapy, bracing and over-the-counter medications. Care was transferred on 3/19/14 and prescription medication management was initiated. Norco, Voltaren and Omeprazole were prescribed. The 4/16/14 treating physician report cited continued moderate to severe right foot and ankle pain with impaired mobility. Medications were reported helpful and well tolerated. Norco provided pain relief, using 2 to 3 per day. Opioid therapy was indicated as the patient's clinical history, physical exam, imaging, and diagnostic studies suggested his pain was a combination of nociceptive pain and neuropathic pain. The treatment plan also included a podiatry consult for support braces and orthotics. The 5/12/14 utilization review denied the request for Norco as opioids are not recommended for chronic pain and there was no sufficient rationale for this prescription. The 5/28/14 treating physician appeal stated that the patient had constant right ankle and foot pain that was aching and burning. He rated the pain as 8-9/10 without medication and 5-6/10 with medication. Gralise had been added and provided the most relief in terms of decreased burning pain. Pain was better with sitting and elevation. He was worse with walking, standing or any weight bearing activity. He reported that medications

were helpful and well tolerated. He felt that the Norco provided pain relief when he had increased pain levels and difficulty walking around. Norco allowed for more tolerable mobility. Without the Norco he was unable to tolerate more than 20 minutes of weight bearing. Right lower extremity exam documented hypersensitivity and allodynia, 4/5 strength, and ankle range of motion limited in all planes due to pain. Continued medication management was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG, #90 between 5/9/14 and 7/9/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; OPIOIDS, SPECIFIC DRUG LIST Page(s): 76-80; 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have been met. This patient reported pain relief and improved mobility since initiation of Norco in March 2013. Norco was reported as particularly helpful for elevated pain levels with weight bearing activities. Continuation of Norco at this time is consistent with guidelines. Therefore, this request for Norco 10/325 mg #90 is medically necessary.