

Case Number:	CM14-0086576		
Date Assigned:	07/25/2014	Date of Injury:	10/18/2010
Decision Date:	09/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Texas and Ohio. 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 41 year old female with a reported date of injury on 10/18/2010. The mechanism of injury was not stated in the records. The diagnoses included right ankle sprain. The past treatments were pain medication and physical therapy. There was no diagnostic history provided in the records. The injured worker had right knee reconstruction surgery on 07/01/2011. The clinical note dated 05/01/2014 was hand written and difficult to decipher. The legible subjective complaints were severe pain to right ankle, rated 9/10. The physical examination revealed decreased range of motion to right foot. The injured worker's medications were Norco 2.5 mg and lidocaine. The plan was to continue medications. The rationale and request for authorization form were not provided in the records received for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 2.5/325mg 1QH prn #120 5/17/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for retro Norco 2.5/325 mg 1QH PRN #120 is not medically necessary. The California MTUS guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids, which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was noted to have right ankle/foot pain and to be taking Norco. However, there was no documentation in the clinical notes submitted showing pain relief by numeric pain scores, discussion of side effects, an increase in physical and psychosocial functioning, or whether there had been aberrant behavior. In addition, there was no evidence of a recent urine drug screen to verify compliance. In the absence of this information which is required by the California MTUS Guidelines for the ongoing use of opioids, the request is not supported. As such, the request is not medically necessary.