

Case Number:	CM14-0096545		
Date Assigned:	07/28/2014	Date of Injury:	05/21/2002
Decision Date:	09/10/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/24/2014

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. 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 53-year-old male who reported injury on 05/21/2002. The mechanism of injury was not provided. The injured worker underwent a left total ankle arthroplasty. The injured worker underwent x-rays and MRIs. Other therapies included physical therapy. The documentation indicated the injured worker had utilized opiates at least since 04/14/2014. The documentation of 05/28/2014 revealed the injured worker had some synovitis and posterior tibialis tendinitis on the previous visit and had been casted and was treated with physical therapy and was doing better. The injured worker indicated he did some dancing and had some inflammation of the ankle. The objective examination revealed the injured worker was walking better than he did previously. The injured worker was noted to have a slightly antalgic gait. The diagnosis was a well seated total ankle arthroplasty of the left ankle. The injured worker underwent x-rays, which revealed there had been some talar subsidence, but it was stable. There was no change in the tibia component and it was well seated. There was a well seated total ankle arthroplasty of the left ankle. The treatment plan included Norco 5/325 mg 1 by mouth every 8 hours as needed for pain, new motion controlled shoe with rocker bottom and continued physical therapy. There was no DWC form RFA submitted with the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, page 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above criteria. The medication use was at least for 1 month. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg #45 is not medically necessary.