

Case Number:	CM14-0126380		
Date Assigned:	08/13/2014	Date of Injury:	06/23/2010
Decision Date:	07/07/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on June 23, 2010. She reported an injury to her right ankle. Treatment to date has included imaging of the right ankle, orthotics, medications, surgical evaluation, surgical intervention to repair ligaments on June 24, 2011, and physical therapy. Currently, the injured worker complains of worsening complex regional pain syndrome and reports pain in the knee. She has been undergoing aggressive physical therapy and notes that the muscle mass has not improved. She reports an increase in pain, color changes, temperature changes and noting that her foot is cold and purple. She reports lost support in her right foot and noticed a decrease in nail growth. She reports that she no longer gets benefit from Nucynta and requests a new pain medication so that she can exercise. On physical examination her right knee and right ankle range of motion is very limited because of pain. She has discoloration of the right foot and it is very cold to touch. There is swelling of the right sole and her foot is flat. The diagnoses associated with the request include chronic pain syndrome and complex regional pain syndrome. The treatment plan includes discontinuation of Nucynta, initiate Norco and continuation of Lyrica; independent exercise, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: 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, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for right ankle pain. Diagnoses include CRPS. When seen, there had been no improvement with physical therapy and she had worsening pain. Pain was rated at 8/10. Medications included Nucynta. There was decreased painful right lower extremity range of motion with muscle atrophy and typical findings seen with CRPS. Nucynta was discontinued and Norco was prescribed at a total MED (morphine equivalent dose) 40 mg per day. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco was medically necessary.