

Case Number:	CM14-0189684		
Date Assigned:	11/20/2014	Date of Injury:	04/25/2013
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine 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:

Patient is a 40 year-old female with date of injury 04/25/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/10/2014, lists subjective complaints as pain in the left foot and Achilles tendon. Objective findings: Examination of the left ankle revealed severe swelling and mottling of the skin. Range of motion was limited by pain. No tenderness to palpation or crepitus was noted. Sensory exam was notable for allodynia to light touch. Patellar reflexes were 1+ bilaterally and Achilles tendon reflex was 1+ bilaterally. Diagnosis: 1. Calcaneal spur 2. Tenosynovitis of foot and ankle 3. Achilles tendon sprain 4. Difficulty in walking 5. Plantar fasciitis. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one year. Medication: 1. Norco 10/325mg, #90 SIG: take one tab po q 8 hrs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids. Norco 10/325mg #90 is not medically necessary.