

Case Number:	CM14-0192859		
Date Assigned:	11/20/2014	Date of Injury:	12/26/2013
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 22 year old patient with date of injury of 12/26/2013. Medical records indicate the patient is undergoing treatment for healing left foot navicular fracture and lumbar spinal sprain/strain with altered gait. Subjective complaints include left foot pain rated 4/10 with medications and 7/10 without medications. Objective findings include altered gait, left foot severe hyperpronation, tenderness on the dorsal side of foot, mild swelling; left foot range of motion - flexion 30, extension 15, inversion 15 and eversion 10; lumbar spine tenderness with slight spasms, negative straight leg raise, lumbar range of motion - flexion 46, extension 14, right and left lateral bend of 16; positive SI stress test on the left. Treatment has consisted of interferential unit, home exercise program, orthotics and Norco. The utilization review determination was rendered on 11/05/2014 recommending non-certification of Norco 2.5/325mg 1 po q6h prn #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg 1 po q6h prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 78-80, 91 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: ODG does not recommend the use of opioids for foot and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since in excess of the recommended 2-week limit. As such, the question for Norco 2.5/325mg 1 po q6h prn #120 is not medically necessary.