

Case Number:	CM14-0193054		
Date Assigned:	11/26/2014	Date of Injury:	10/14/2013
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 47 year old male with an injury date of 10/14/13. Per the 10/07/14 progress report, the patient presents with pain and discomfort from posterolateral left calcaneal region status post compression fracture. The provider states the patient is to continue light duty semi - sedentary work. Examination shows marked thickening with palpable pain and tenderness, posterolateral left calcaneus with mild to moderate limp. The patient's diagnoses include fracture, calcaneus/os, left heel; and tendinitis, peroneal, left. The utilization review being challenged is dated 10/21/14. Reports were provided from 10/02/13 to 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with pain in the posterolateral left calcaneal region status post compression fracture. The provider requested Norco 5/325 mg #60 (an opioid). The

reports show the patient has been taking this medication since before 10/21/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief."The reports provided do not show pain assessment at each visit and no pain scales are provided. No specific activities of daily living (ADLs) are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. No urine toxicology reports are provided or discussed nor is use of CURES documented. No outcome measures are provided. In this case, there is not sufficient documentation to support long-term opioid use as required by MTUS. Therefore, the request is not medically necessary.