

Case Number:	CM14-0194231		
Date Assigned:	11/25/2014	Date of Injury:	11/23/2010
Decision Date:	01/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Medicine and is licensed to practice in Florida. 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 64 year old female presenting for a follow up for a work related injury (fall) dated 11/23/2010. According to the injured worker (IW) she had numerous falls due to weakness in the ankle. She describes her most recent fall when her left ankle "gave out" on her causing her to fall onto a bed railing resulting in a broken rib. She also reports significant difficulty with flare up's of diverticulosis requiring several hospital admissions. At the time of the visit she reported left lower leg pain with intermittent numbness. Physical exam revealed the IW was wearing a walking boot with antalgic gait. There was no evidence of atrophy or tenderness over the medial and lateral malleolus. Range of motion was decreased as follows: NormalIW
left ankleDorsiflexion 205Plantar flexion4010Inversion 300Eversion 205Diagnosis included:- Degenerative joint disease of the calcaneocuboid and talonavicular joint- Pes planovalgus left foot, possible subtalar arthritis, rule out talar fracture- Compensatory low back painPrevious treatment consisted of a walking boot and medications. The provider documented the IW received good relief with Norco. On 10/20/2014 visit the provider recommended a custom AFO brace with attached insert and custom orthopedic shoes in an attempt to avoid surgical intervention at that time. The IW was advised regarding pain medication and was asked to sign an updated pain contract also noting the patient may undergo random urine toxicology screening to verify medication compliance. Urine drug screen collected on 10/20/2014 was consistent with treatment. The provider requested Norco 10/325 mg 1 tab by mouth every 6 hours as needed for pain # 120. Work status was temporary totally disabled until next visit. On 11/12/2014 utilization review issued a decision determining the Norco non-certified stating there was no documentation of ongoing pain management; therefore additional prescriptions for Norco cannot be certified. Guidelines cited were California Medical Treatment Utilization Schedule

2009, chronic pain, page 91-94, opioids. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs Page(s): 91-94; 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, she has not returned to work and there is no objective documentation of improved functioning with her current chronic narcotic pain medication. There is documentation of an updated pain management contract and a recent urine drug screen with appropriately consistent results. Since this patient's case fails to fully satisfy MTUS guidelines the request for continued use of Norco at the dose and quantity requested is not medically necessary.