

Case Number:	CM14-0201642		
Date Assigned:	12/11/2014	Date of Injury:	11/17/2011
Decision Date:	02/03/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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:

This is a 51-year old female with a work related injury dated November 17, 2011. At the physician's visit dated October 16, 2014, the worker was complaining of pain and swelling of the right ankle. The physical exam was remarkable for mild swelling of the right ankle, decreased range of motion, a positive catching and popping in the right ankle and significant tenderness around the anterior joint. Range of motion measures reflected plantar flexion 30 degrees and dorsiflexion 10 degrees. Diagnoses included status post right ankle arthroscopy with extensive debridement and synovectomy, evidence of bone-on-bone lateral talar dome osteoarthritis and medial gutter bone-on-bone osteoarthritis of the right ankle and history of lateral ligamentous reconstruction for ankle instability. Treatment at this visit included a right ankle intra-articular corticosteroid injection. Treatment plan included medication refills of Norco and Naprosyn. The utilization review decision dated October 28, 2014 non-certified the request for Norco 5/325mg, thirty count. The rationale for non-coverage was based on the California MTUS, Chronic Pain Medical Treatment Guidelines for ongoing use of opioids. Opioid usage should include pain assessment that included pain rating, duration of pain, level of functioning and activities of daily living ability. The records that were reviewed for this request did not reflect that the worker had increased functional level, increased independence with activities, an opioid pain contract and a reduction in pain level. The records also did not reflect any long-term plan to reduced opioid usage. The medical necessity for the request could not be supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg QTY #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Ongoing use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the right ankle. The current request is for Norco 5/325mg QTY #30. The treating physician report dated 10/16/14 (9) states that the patient is still having a lot of pain and swelling of the right ankle. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).The treating physician report dated 6/25/14 (84) notes that the patient continued to rely on Norco on an as-needed basis. Reports provided show the patient has been taking Norco since at least 5/7/14. While it is noted in a report dated 10/16/14 that the patient does notice an improvement in symptoms with a provided brace, there is no mention of the efficacy of her current medications in regards to her pain levels. The treating physician report notes that the patient is sufficiently recovered to return to work, effective 10/16/14, which suggests some degree of functional improvement. In this case, even though some form of functional improvement has been documented there are no records provided that document the patient's pain levels with and without medication usage and none of the required 4 A's are addressed. The MTUS guidelines require much more documentation to recommend continued opioid usage. Recommendation is for denial and slow weaning per the MTUS guidelines.