MAXIMUS Federal Services

Case Number:	CM14-0201860		
Date Assigned:	12/12/2014	Date of Injury:	09/16/2002
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 Practice is licensed to practice in New Jersey. 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 injured worker is a 71 year-old female who was injured on 9/16/02. "She was kneeling and resting the balls of her feet intermittently for about 30 minutes. When she arose from that position and pushed off on her left foot, she felt a snap in the foot, accompanied by pain in the midfoot area." She had chronic left foot pain. She complained of burning pain in the foot which radiated to the lower back. On exam, she tender ness of the medial aspect of the mid foot and plantar aspect of hell, decreased sensation distally and especially over the 2nd through 4th toes. A 2004 CT scan showed fracture of the anterior superior margin of the second cuneiform bone with incomplete bony union and findings consistent with posttraumatic osteoarthritis. She was diagnosed with left second cuneiform fracture status post surgery, chronic left foot pain, heel spur syndrome, and plantar fasciitis which resulted in the prescription of a splint and physical therapy. She used a Cam walker. She had injections and multiple surgeries of her left foot. She was treated with Lidoderm patches, Neurontin, paxil, flexeril, and norco with no significant improvement. The current request is for Norco which was denied by utilization review on 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what her pain was like previously and how much Norco decreased her pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient's other conservative measures such as physical therapy sessions provided any improvement. Because of these reasons, the request for Norco is not considered medically necessary.