

Case Number:	CM14-0074655		
Date Assigned:	07/18/2014	Date of Injury:	10/20/2004
Decision Date:	01/31/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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 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:

Applicable Criteria/Guideline: CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines, 9792.20-9792.26, pages 79, 81, 88, 94-95, 124 Date/First Report of Injury: On October 20 2004, the injured worker slipped into a muddy hole suffering an inversion injury of his right ankle with resultant spiral fracture of the fibula and dislocation of the ankle. Injured Worker Age, Gender and Complaints: 46 year old male presented with complaints on the dates of service as indicated below upon visit with primary treating provider: 5/3/12: The injured worker complained of symptoms being worse. 7/5/12: He complained of right ankle tenderness. 8/12/12: Right ankle tenderness is controlled with medications. 1/17/13: He indicated that medications are helpful. He has increased range of motion with increased activity level. 3/31/14: The injured worker complains of leg pain that is exacerbated with leg movements. The pain has lasted greater than a year. The pain is moderate in severity and affects activities of daily living and sleep. 5/12/14: He reports that the pain medication helps him tolerate his full duty job which includes a great deal of walking and checking the trees in the orchards. Without the medications, by the end of the day, the pain is 7/10. At the start of the day, pain at best is 3/10. 7/8/14: The injured worker reports a great need for his medications secondary to the physical demands of his current job. He is almost 10 years status post fracture dislocation of his right ankle with chronic, ongoing pain. His pain level with the medication is 1-2/10. His pain level without the medication is 6-7/10. His functional status with the medication is walking, working and yard work. His functional status without the medication is reduced to laying on the couch. Treating/Referral Provider Findings: Examination with primary treating provider at various dates below revealed the following: 8/12/12: It was noted that the right ankle, surgical scars were healed. 8/30/12: Upon examination, it was revealed that active range of motion was limited. 3/31/14: Exam revealed surgical scars and a tight ankle without excessive laxity. 5/12/14: The injured workers right ankle exam reveals

reduced range of motion in plantar flexion and dorsiflexion. Crepitus is noted upon range of motion. 7/8/14: Exam reveals an old surgical scar on the mid dorsal surface of foot and ankle. His range of motion reveals reduced inversion, eversion, flexion and extension. Right fibula changes are consistent with fracture and ORIF changes. Conservative Treatment to Date: Conservative care is as indicated below for the following appointment dates with the injured worker's primary treating provider: 4/3/12: The injured worker was educated and prescribed Norco 10/325 #120. Nucynta ER 50 mg twice per day was added in the hopes that he could decrease the Norco and eventually discontinue it. 7/5/12: The injured worker was prescribed Norco #180. His work status is to return to full duty on an ongoing basis without limitations or restrictions. 8/30/12: Norco 10/325 #180 was prescribed. 1/17/13: Norco 10/325 #180 was prescribed. 4/12/13: Refill Norco 10/325 #180. 3/31/14: Medication history includes Vitamin C 1000 mg tablet, Aspirin 325 mg tablet and Norco 10mg-325 tablets (two tablets by mouth three times daily). Prescription given to the injured worker for Norco 10/325 #180 with 1 refill and Motrin 400mg #100 with refills. 5/12/14: His medication regimen includes Motrin 400 mg tablet, Vitamin C 1000 mg, aspirin 325 mg tablet and Norco 10mg-325 two tablets by mouth three times daily. The treatment plan is to continue Norco 10 #180 with three refills. 7/8/14: His medication regimen remains unchanged from the 5/12/14 visit. A prescription was given for Norco 10/325 #150 with 1 refill in an attempt to wean the patient. Diagnoses: Degenerative joint disease of ankle; Post fracture, repair, right ankle (approximately 10 years ago); Osteomyelitis, ankle and foot; chronic pain Disputed Service(s): Norco 10/325 MG #180 with 1 refill. On 4/22/14, previous physician reviewer modified request to authorization for 1 prescription of Norco 10/325 #135 between 3/31/14 and 6/15/2014. According to the medical records provided, the injured worker has been taking Norco for right ankle/leg pain greater than 2 years. The previous reviewer indicated that the AME dated 6/29/06, noted that the injured worker received Norco for pain as early as 2004. According to MTUS, functioning should be measured at 6-month intervals using a numerical scale or validated instrument. This has not been completed as indicated for patients with long term opioid usage. No documentation of urine toxicology screenings or pill counts at each visit noted. A recent epidemiologic study found that opioid treatment for chronic, nonmalignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life and/or improved functional capacity. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. As it relates to weaning, MTUS recommends to taper by 20-50% per week of original dose for patients who are not addicted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 81, 88, 94-95, 124.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary.