

Case Number:	CM15-0002007		
Date Assigned:	01/13/2015	Date of Injury:	07/01/2003
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 07/01/2003. The mechanism of injury was not provided. On 11/17/2014, the injured worker presented with complaints of pain to the left ankle. Medications included Norco, Relafen, and Prilosec. The injured worker was stated to have been participating in aquatic therapy and states to be doing better. Upon physical examination of the left ankle, there was tenderness in the medial and lateral malleolus, and sinus tarsi. There is minimal edema compared to the right side and painful range of motion on dorsiflexion and plantarflexion, but within normal limits. There was a negative Tinel's sign. On ambulation, the injured worker favors her left ankle, and gait is with a single point cane for safety standpoint. The diagnoses were left ankle sprain and strain, degenerative arthritis of the left ankle, and obesity. The provider recommended Norco 10/325 mg. The rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. There is no evidence of a recent pain contract or a recent urine drug screen submitted. Additionally, information on the length of time the injured worker had been prescribed Norco. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.