

Case Number:	CM15-0002833		
Date Assigned:	01/13/2015	Date of Injury:	07/19/2007
Decision Date:	04/01/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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

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 62- year old male, who sustained an industrial injury on July 19, 2007. He has reported falling on his head and shoulder when he was knocked off an eight feet platform. Treatment to date has included arthroscopic debridement of the left ankle, open left ankle arthrotomy, partial excision of left tibia and partial excision of left talus, pain medication, physical therapy, steroid injections and routine monitoring. Currently, the Injured Worker complains of pain over the anterior aspect of the ankle joint and along the lateral border of the left foot. Physical exam was remarkable for mild crepitus and tenderness over the anteromedial and anterolateral aspect of the left ankle. There was pain with extremes of motion. Diagnoses included traumatic arthropathy of the left ankle and foot and left ankle post-traumatic arthritis now with ankle impingement. Treatment at the December 1, 2014 requested left ankle arthroscopic debridement as an outpatient, pre-operative clearance with complete blood count, urinalysis, basic metabolic panel, latex allergen testing, an electrocardiogram and Norco 10/325mg for pain. On December 9, 2014, the Utilization Review decision non-certified a prescription of Norco 10/325mg, 60 tablets with one refill, Percocet 10/325mg, 60 count and a latex allergen test. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of prescription for Norco 10/325mg, Percocet 10/325mg, and a latex allergen test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his left foot and left ankle. The request is for NORCO 10/325MG #60 with 1 REFILL. The patient is currently not working. Per the 12/01/14 progress report, Norco was prescribed as postoperative pain medication. The treater requested for the authorization of left ankle arthroscopic debridement along with this medication. It is not known whether or not the requested surgery is authorized. Regarding initiating opiates, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the patient is being scheduled for ankle arthroscopic surgery. The treater has asked for Norco prescription with one refill to address post-operative pain. The request appears to be for a short-term use of opiates to address a specific situation. The request IS medically necessary.

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his left foot and left ankle. The request is for PERCOCET 10/325 #60. Per the 12/01/14 progress report, Percocet was prescribed "in the event that the patient's pain is not relieved by Norco... Only to be used if the Norco does not relieve patient's pain post-operatively." The treater requested for the authorization of left ankle arthroscopic debridement along with this medication. It is not known whether or not the requested surgery is authorized. Regarding initiating opiates, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." In this case, the request is for post-operative pain. However, the treater has already asked for Norco. There is no reason to

prescribe another opiate. There is no reason to believe that Norco already prescribed is not going to effective. MTUS recommends using one medication at a time. The request IS NOT medically necessary.

IgE Latex allergen test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Virginia School of Medicine, Charlottesville, Virginia. Am Fam Physician. 2009 Dec 15; 80 (12): 1413-1418, Laboratory testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm186920.htm>.

Decision rationale: The patient presents with pain and weakness in his left foot and left ankle. The request is for LEG LATEX ALLERGEN TEST. In this case, MTUS, ACOEM and ODG guidelines do not specifically discuss Latex. FDA does not have clear recommendation, stating "it is not possible to predict in advance just how much exposure to natural rubber latex might cause reaction in any specific person," <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm186920.htm>. The treater requested for authorization of left ankle arthroscopic debridement along with this request. It would appear that the treater is concerned about possible latex allergy. The request IS medically necessary.