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| Case Number: | CM15-0005270 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 09/28/2012 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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 47 year old male/female, who sustained a work/ industrial injury on 9/28/12. The diagnoses was closed dislocation of foot, closed fracture of fibula, crushing injury of foot, lumbar sprain and strain, thoracic/lumbosacral neuritis, and radiculitis. The injury included crush injury to left foot and ankle with involvement of the superficial perineal nerve and sural nerve. Per the orthopedic report of 6/12/14, the skin was adhered down to the lateral aspect of the left foot, entrapping the nerve; distal fibula fracture, distal and one third, healed; fracture of the fifth metatarsal proximal phalanx with satisfactory alignment; thinning of skin from the crush injury with sensitivity. The IW continued to have pain in the foot and ankle (pain 3/10) as well as sciatica on the left side. The left knee pain was helped with topical pain patches. Other treatments include oral medications and physical therapy. Surgery was performed on 7/21/14 to include left knee arthroscopic partial medial meniscectomy, femoral and patellar chondroplasty, and intra-articular injection. Norco 10/325 mg was ordered for breakthrough pain. On 1/5/15, Utilization Review non-certified Norco 10/325 mg #60 PO q 6 hours PRN- 30 day supply, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

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 by mouth every 6 hours, when necessary, 30 day supply: Upheld

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

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

Decision rationale: The 1/05/15 Utilization Review letter states the Norco requested on the 12/17/14 medical report was not necessary because the doctor did not provide adequate monitoring with urine drug screens or narcotic contract. According to the 12/7/14 orthopedic report, the patient presents with low back, left knee and left lower extremity pain. Pain was 4-6/10. The diagnoses included left foot crush injury; left fibular fracture with distal tibiofibular instability; lumbar strain with left lower extremity radiculopathy compensatory to limping; left 5th toe dislocation; s/p left knee arthroscopy on 7/21/14. The record show the patient had been on Norco since at least 6/18/14. The orthopedists believes that Norco is "reducing the pain to the point where it allows the patient to perform some activities of daily living". There is no specific discussion on what activities are limited or helped with use of the Norco and there is no indication that the patient is compliant in taking the medication as prescribed. There is no mention of opioid agreement or urine drug screens. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]" provides the criteria "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." The available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term has not been met. Based on the available reports, the request for Norco 10/325mg, #60 by mouth every 6 hours when necessary, 30 day supply, IS NOT medically necessary.