

Case Number:	CM15-0104301		
Date Assigned:	06/08/2015	Date of Injury:	04/23/2010
Decision Date:	07/13/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	06/01/2015

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 42 year old male who sustained an industrial injury to his right foot and ankle on 04/23/2010 when he slipped off the hood of a car. The injured worker was diagnosed with chronic pain syndrome, ankle tenosynovitis and tendinitis and lumbar radiculopathy. Diagnostic testing to date includes lumbar magnetic resonance imaging (MRI) and lower spine X-rays-rays in February 2015, surgery, physical therapy, cognitive behavioral therapy (CBT), psychotropic medications and supportive therapy and medications. The injured worker underwent ankle surgery times 2 in 2012. According to the primary treating physician's progress report on March 26, 2015, the injured worker continues to experience right ankle, knee and low back pain. The injured worker reports coldness, swelling and pain of the right ankle with loss of range of motion. The low back pain radiates to the gluteal area to right calf, ankle and foot associated with numbness and burning. The injured worker rates his pain level at 8/10 without medications. Examination of the lumbar spine demonstrated tenderness at the spinous, paraspinous, gluteal, piriformis, quadratus, and sciatic notch with moderate spasm. Active range of lumbar spine was decreased secondary to pain. Faber's was negative bilaterally. Straight leg raise was positive bilaterally. The right knee examination noted mild swelling with tenderness at the medial joint line. Current medications are listed as Tylenol. Treatment plan consists of lumbar epidural steroid injection, updated right knee magnetic resonance imaging (MRI) and the current request for Norco 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 5/325mg #180 is not medically necessary and appropriate.