

Case Number:	CM15-0105088		
Date Assigned:	06/09/2015	Date of Injury:	06/07/2013
Decision Date:	11/20/2015	UR Denial Date:	05/21/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female patient with a date of injury on 6-7-13. The diagnoses include right ankle pain and reflex sympathetic dystrophy of the right lower extremity. Per the Progress report dated 5-12-15 she had increased right lower extremity pain with aching, weakness and hypersensitivity of the right shin and foot. The pain was rated 10 out of 10 without medication and 7-8 out of 10 with medication. The physical examination revealed right ankle lower extremity-a dusky red color, range of motion decreased, strength of right lower extremity 4 out of 5. Without medication she was unable to walk. The medications list includes norco, lyrica, naproxen, lidoderm patch and omeprazole. She has tried tramadol. She has undergone right ankle surgery in 11/2013. She had urine drug screen on 3/24/15 which was negative for hydrocodone (she was taking norco prn at that time). The cures report from 5-11-15 was consistent with prescribed narcotics. Request for authorization was made for norco 5-325 mg quantity 120. Utilization review dated 5-20-15 modified the request to certify quantity 90, a 25 percent reduction to begin the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

Decision rationale: According to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects....." Per the records provided patient had chronic right ankle pain with diagnosis of reflex sympathetic dystrophy of the right lower extremity. The pain was rated 10 out of 10 without medication and 7-8 out of 10 with medication. She has objective findings on the physical examination- right ankle lower extremity-a dusky red color, range of motion decreased, strength of right lower extremity 4 out of 5. She has history of right ankle surgery in 11/2013. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Patient has also tried non opioid medications including lyrica and naproxen. The cures report from 5-11-15 was consistent with prescribed narcotics. The request for Norco 5/325mg #120 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.