

Case Number:	CM15-0106850		
Date Assigned:	06/11/2015	Date of Injury:	10/25/2007
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/03/2015

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, Pain Management

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 56 year old female, who sustained an industrial injury on October 25, 2007. Previous treatment has included MRI of the left ankle, injections, medications, home exercise program an orthotics. Currently, the injured worker complains of ongoing foot and ankle pain. She reports that she is using her Norco two to three times per day. The evaluating physician notes that an MRI of the left ankle revealed a low-grade sprain with mild osteophyte formation. The diagnoses associated with the request include chronic left ankle and right foot pain. The treatment plan includes continuation of Norco, injection, inserts and surgical intervention of the left foot and ankle. A progress report dated January 20, 2015 states that the medication reduces the patient's pain from 9/10 to 4/10 and has allowed the patient to stay very active and exercise twice a week 3 hours at a time. A progress report dated April 22, 2015 states that the patient is taking Norco every day and that a random urine drug screen was negative for opiates and was going to be sent out for confirmation. SOAPP score was 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 90, (retrospective DOS 4/30/15 dispensed): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the medication improves the patient's pain and function with no intolerable side effects and the patient is noted to be undergoing monitoring. It is acknowledged that the most recent urine drug screen was inconsistent, but the requesting physician has sent that test out for confirmation. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.