

Case Number:	CM15-0108871		
Date Assigned:	06/10/2015	Date of Injury:	03/23/2000
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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 64-year-old male, who sustained an industrial injury on 3/23/2000. Diagnoses have included status post right ankle surgery times six-status post-right ankle hardware removal and status post right ankle fusion with graft. Treatment to date has included surgery, home exercise program and medication. According to the progress report dated 4/29/2015, the injured worker complained of right ankle pain. He stated that 54 Norco tablets per month was not sufficient coverage for his pain symptoms. He reported running out of Norco seven to ten days before his return appointments to the office every four weeks. The injured worker's lowest effective dosage was determined to be three Norco tablets a day. He rated his pain as 6 with medications and as 9 without medications. He noted improvement with activities of daily living because of his current medication usage. A urine drug screen from 3/26/2015 was noted to be inconsistent with the prescribed Norco. The injured worker had an antalgic gait, favoring his right lower extremity. There was tenderness about the lateral malleolar ligaments, over the anterior portion of his right ankle and over the Achilles tendon and right distal leg soft tissues. There was no range of motion of the right ankle. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #54: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80-81.

Decision rationale: The 64 year old patient complains of pain in right ankle and is status post right ankle surgery times six, status post right ankle hardware removal, and status post right ankle fusion with graft, as per progress report dated 04/29/15. The request is for NORCO 10/325mg # 54. There is no RFA for this case, and the patient's date of injury is 03/23/00. The patient is taking Norco for pain relief, as per progress report dated 04/29/15, along with home exercises. The patient's work status has been determined as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, Norco is first noted in progress report dated 11/21/14. In the report, the treater states that "with the use of his pain medication he is able to walk for approximately 4 blocks at a time which he does for exercise. Without pain medication he is only able to walk approximately 1 block before he needs to sit down due to severe pain." As per progress report dated 04/29/15, medications help reduce pain from 9/10 to 6/10. The patient "notes improvement with activities of daily living, as well as an increased ability to stand and walk as a result of his current medication usage." However, UDS report dated 03/26/15 was inconsistent. In the 04/29/15 report, the treater also states that the lowest effective dosage is 3 tablets per day. In a prior report dated 03/26/15, the treater states that the patient's monthly Norco was reduced from # 90 to #54. As a result, the patient is "essentially unable to shop for himself, and unable to perform any necessary sustained activities, secondary to pain." It would appear that the treater does provide documentation of the four A's with the patient's function significantly compromised with reduced meds. The request IS medically necessary.