

Case Number:	CM15-0108879		
Date Assigned:	06/15/2015	Date of Injury:	08/01/2001
Decision Date:	07/29/2015	UR Denial Date:	05/13/2015
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: North Carolina

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:

The injured worker is a 54 year old male patient who sustained an industrial injury on 08/01/2001. The accident was described as while working a 20 foot block of steel weighing 300 pounds fell landing on my right foot. He was diagnosed and treated for: contusion of foot and sprain of ankle. He was given Vicodin, Anaprox, and ACE wrap with Cryogel. A recent primary treating office visit dated 05/06/2015 reported the patient needing medication refills. The treating diagnoses are: ankle injury with repair and upper extremity pain. He is to remain off from work duty through 06/06/2015. Current medications are: Prilosec, Ibuprofen and Norco 10/325mg. The patient did undergo surgical repair on 12/09/2014 to the right ankle. A primary follow up visit dated 12/03/2013 reported continued with moderate right knee pain with persistent giving way. He reports the right ankle giving out even with the use of an ankle brace and high top sneakers. The following diagnoses were applied: bilateral medial epicondylitis of bilateral elbows, occasionally symptomatic; questionable ulnar neuropathy on 03/12/2003 nerve conduction study and repeat testing showed negative; orthopedic aftercare status post revision right hand carpal tunnel release; left hand tunnel release done 6 weeks prior; severe bilateral recurrent carpal tunnel syndrome; and chronic right ankle sprain with some mild to moderate anterolateral ligamentous instability of the right ankle, plantar fasciitis. There is recommendation for the patient to seek orthopedic re-evaluation for a possible right ankle reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.