

Case Number:	CM15-0018490		
Date Assigned:	03/20/2015	Date of Injury:	09/04/2002
Decision Date:	04/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 63-year-old male, who sustained an industrial injury on September 4, 2002. The injured worker had reported right ankle, right knee and back injuries. The diagnoses have included industrial-related comminuted right pilon fracture trimalleolar with subsequent osteomyelitis and arthrodesis, impaired gait, chronic pain syndrome, chronic low back pain with lumbar disc disease and status post right meniscal surgery. Treatment to date has included medications, radiological studies, a home exercise program and surgery. Current documentation dated October 15, 2014 notes that the injured worker complained of back pain, right lower extremity pain and burning and knee pain. Physical examination of the right lower extremity revealed dorsiflexion weakness, lack of range of motion eversion and inversion, ankle inversion and planter flexion of the right as compared to the left. Straight leg raise test was negative. Right knee examination revealed medial tenderness. The treating physician's recommended plan of care included Norco 10/325 mg # 150 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg #150 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The UR has modified the request to facilitate a wean, which is appropriate. As such, the request for 1 Prescription for Norco 10/325mg #150 with 6 refills is not medically necessary.