

Case Number:	CM15-0132929		
Date Assigned:	07/21/2015	Date of Injury:	02/03/2010
Decision Date:	09/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 55 year old male who sustained an industrial injury on 02/03/2010 resulting in injury to the left ankle. The injured worker was diagnosed with an open bimalleolar fracture of the left ankle. Treatment provided to date has included: left ankle surgery (02/03/2010); physical therapy; medications; and conservative therapies/care. Diagnostic tests performed include: CT scan of the left ankle (2010) showing a comminuted bimalleolar fracture (status post open reduction internal fixation for the medial malleolus) with remains of several united lateral malleolar fragments. Other dates of injury include 1987. Comorbidities included hypertension. On 06/01/2015, physician progress report stated that the injured worker was seen on follow-up for pain to the left ankle with stable symptoms. The pain was rated 10/10 in severity which was reduced by 50% with medications. The injured worker was noted to be currently working and completing a home exercise program. Current medications include Norco and Ibuprofen. Previous progress reports state that the injured worker reported pain levels of 7/10 with a decrease in pain to 3-4/10 with the use of medications. The physical exam revealed swelling of the left ankle, tenderness anteriorly and laterally, a negative anterior drawer sign, healed incision from surgical intervention, and 5-/5 motor strength. The provider noted diagnoses of status post left ankle bimalleolar fracture, status post open reduction internal fixation of the left ankle, and status post a second procedure with chronic pain. Plan of care includes 2 prescriptions for Norco 10mg twice daily as needed for severe pain #60 with one of these not to be filled until 07/01/2015, 2 prescriptions for ibuprofen 800mg twice daily as needed for mild pain with one of these not to be filled until 07/01/2015, continued home exercise program, and return to clinic as needed. The injured worker's work status was noted to be "under future care." The request for authorization and IMR (independent medical review) includes: Norco 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records indicates that per 6/1/15 progress report, the injured worker reported pain 10/10 without medications which was reduced 50% with medications. The injured worker was noted to be currently working and completing a home exercise program. No objective measures of functional improvement were documented. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary. Furthermore, the request for 2 month supply is not appropriate as it does not allow for timely reassessment of medication efficacy. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.