

Case Number:	CM15-0135225		
Date Assigned:	07/23/2015	Date of Injury:	05/03/2012
Decision Date:	08/19/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 41-year-old male who sustained an industrial injury on 05/03/2012. Diagnoses/impressions include chronic lumbar back pain, status post L4 burst fracture (5/3/12); abnormal bone scan (8/1/12); chronic right ankle pain, status post open reduction internal fixation of Lisfranc fracture of the right foot (3/21/13 and repeat surgery 1/21/14); status post left shoulder sprain of unknown etiology; chronic right calcaneal pain; and intermittent left plantar fasciitis. Treatment to date has included medications, physical therapy, surgery and acupuncture. According to the PR2 dated 5/26/15, the IW reported back pain, hip pain and right ankle pain. The bone scan on 5/13/15 showed diffuse increased activity in the left anterior iliac spine; correlation with x-ray or CT was suggested. On examination, there was increased pain on eversion of the right ankle. Anteflexion of the trunk on the pelvis was 10 degrees and extension was 0 degrees; left rotation was 10 degrees and right rotation was 15 degrees; lateral flexion was 10 degrees bilaterally. There was parathoracic tenderness from T11 to T12-L1 and paralumbar tenderness from L1 to L5-S1. There was also bilateral sacroiliac and bilateral trochanteric tenderness. The IW was stated to be compliant with the pain management agreement and was improved functionally by the pain relief he received from the Norco. A request was made for Norco tab 10-325mg, #60, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325mg #60 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic lumbar back pain, status post L4 burst fracture; chronic right ankle pain status post LisFranc fracture with open reduction and internal fixation March 21, 2013; status post left shoulder strain; chronic right calcaneal pain; and plantar fasciitis. According to a qualified medical examination (QME), subjectively the injured worker complained of back pain, ankle and foot pain and right shoulder pain. Norco 10/325 mg first appeared in a progress note dated March 2015. The start date is not specified in the medical record. There are no pain scales in the medical record. According to a June 23, 2015 progress note, the injured worker is still prescribed Norco 10/325 mg. There is no documentation demonstrating objective functional improvement, no detailed pain assessments and no risk assessments. The utilization review dated March 11, 2015 states Norco 10/325 mg #120 was authorized for weaning over three months. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, the modified Norco 10/325 mg #120 modification for weaning and no documentation demonstrating objective functional improvement, Norco 10/325mg # 60 no refills is not medically necessary.