

Case Number:	CM15-0137071		
Date Assigned:	07/27/2015	Date of Injury:	01/10/2008
Decision Date:	09/17/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/15/2015

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, Georgia
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 49 year old male, who sustained an industrial injury on 1/10/08. The injured worker was diagnosed as having arthropathy and osteoarthritis. Treatment to date has included oral Duexis and Norco 10-325mg, topical Ketoprofen 10%-Lidocaine 10% and Voltaren 1% topical gel. Currently on 6/8/15, the injured worker complains of left foot pain, mild swelling and minimal tenderness. He had a previous injection in left subtalar area which provided relief. He is not currently working with modifications. He has been released to full duty. Physical exam performed on 6/8/15 revealed tenderness along the posterior tibial tendon, swelling along the area and mild midfoot tenderness. The treatment plan included apex antipronator orthotics, 1 pair of work shoes, 1 pair of regular shoes and Norco 10/325mg #50, continuation of Voltaren gel and a follow up appointment and a request for authorization was submitted on 6/6/15 for apex antipronator orthotics, 1 pair of work shoes, 1 pair of regular shoes and Norco 10/325mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.