MAXIMUS Federal Services

Case Number:	CM15-0137188		
Date Assigned:	07/27/2015	Date of Injury:	11/01/2010
Decision Date:	09/23/2015	UR Denial Date:	06/30/2015
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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 35 year old male, who sustained an industrial injury on 11/1/2010. The mechanism of injury is not indicated. The injured worker was diagnosed as having ankle fracture, right ankle post-traumatic arthritis with valgus deformity. Treatment to date has included medications, crutches, x-rays, right ankle magnetic resonance imaging (5/9/2014), right ankle surgery. The request is for Norco. On 6/12/2014, he complained of bilateral knee, bilateral upper leg, right lower leg, right ankle and foot pain. He rated the pain on average 7/10 and at its worst 9/10. On 12/15/2014, he complained of right ankle pain rated 8/10. He is noted to weigh 290 pounds. A urine drug screen was reported to have been done on this date. The treatment plan included: Arizona boot, trigger point injections to the right ankle which were given on this date, and prescription for Norco and Lyrica. His work status is noted to be permanent and stationary since 12/2/2011. On 1/7/2015, he was seen on an urgent visit due to complaint of constant severe pain to the right ankle with radiation up the right leg, knee and hip. He rated the pain 8/10. He was given a therapeutic injection of Toradol. On 1/13/2015, he complained of severe right ankle pain despite medications and an ankle brace. The treatment plan included: intra-articular injection, orthopedic surgeon consultation, and prescriptions for Norco and Percocet. On 3/13/2015, he complained of constant severe pain to the right ankle. He rated the pain 7/10. He was given a trigger point injection, refill of Lyrica, and a follow up appointment. On 5/1/2015, he indicated his right ankle pain to be 8/10. He is noted to be being weaned from Percocet and Norco. He continues to wear a right ankle brace. The treatment plan included: trigger point injection to the right ankle, refill on Lyrica, Norco, and Percocet. On 6/12/2015, he complained of right ankle pain rated 8/10. He was given a Toradol injection, and prescription

for Norco. The provider noted there is a narcotics contract and urine drug testing is done periodically. He is noted to be working and able to do activities of daily living. The provider noted he will increase the Norco dose, and refused to prescribe Percocet. On 6/18/2015, he complained of worsened right ankle pain with radiation. He rated the pain 9/10. His current medications are: Lyrica, Norco, Percocet, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy". MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per the submitted documentation, with Norco the claimant has been able to work part-time and VAS pain scores were decreased. He has been weaned from Percocet and continued on Norco. Urine drug screens have been compliant. On 07/14/15 the claimant was authorized to undergo right ankle arthroscopic excision/drilling of OOD, ankle arthroscopic extensive debridement, and calcaneus Evans opening wedge osteotomy with allograft. The 4 A's appear to be met in this case. Medical necessity is established for the requested Norco and therefore is medically necessary.