MAXIMUS Federal Services

Case Number:	CM15-0139990		
Date Assigned:	07/29/2015	Date of Injury:	04/30/2002
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, Illinois
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 68 year old female who sustained an industrial injury on 04/30/2002 when she hit her left foot off a metal box. The injured worker was diagnosed with complex regional pain syndrome Type I and left ankle pain. The injured worker is status post left foot and ankle surgery times two (no dates or procedures documented). Treatment to date has included surgery, work restrictions, custom shoe inserts, orthopedic shoes, Asics running shoes, physical therapy and medications. According to the primary treating physician's progress report on April 9, 2015, the injured worker continues to experience left foot and ankle pain associated with spasm rated as 7-8 out of 10 on the pain scale. Examination noted an antalgic gait and tenderness in the left ankle joint. Left ankle dorsiflexion and plantar flexion were noted at 10 degrees. Dysesthesia to light touch was noted in the left lower extremity. Current medications are listed as Norco, Lyrica, Meloxicam, Skelaxin and Tizanidine. Treatment plan consists of continuing medication regimen and the current request for Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 3 refills QTY: 240.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 04/30/2002. The medical records provided indicate the diagnosis of complex regional pain syndrome Type I and left ankle pain. Treatments have included surgery, work restrictions, custom shoe inserts, orthopedic shoes, Asics running shoes, physical therapy and medications. The medical records provided for review do not indicate a medical necessity for. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer term the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; and to discontinue opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this medication at least since 12/2014 without overall improvement. The injured worker is not well monitored for adverse effects, activities of daily living, pain control and aberrant behavior, therefore not medically necessary.