

Case Number:	CM15-0141828		
Date Assigned:	07/31/2015	Date of Injury:	10/05/2010
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 48 year old male sustained an industrial injury on 10-05-10. He subsequently reported ankle pain. Diagnoses include late effect ankle fracture and status post bimalleolar fracture of the right ankle with ORIF. Treatments to date x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience pain and stiffness in the right ankle. Upon examination, dorsiflexion and plantarflexion is reduced on the right compared to the left. There is right ankle tenderness both medially and laterally just above the malleoli. A request for Norco 5/325mg #120 was made by the treating physician. A note dated April 14, 2015 recommends a trial of Norco to 6 hours PRN. A note dated May 12, 2015 states that the patient has improved pain and function from the Norco and has returned to work. No significant side effects are noted. There is no evidence of abnormal behavior or doctor shopping. The patient has a signed opiate agreement in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 5/325mg #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Norco 5/325mg #120 is medically necessary.