

Case Number:	CM15-0143141		
Date Assigned:	08/04/2015	Date of Injury:	10/20/2004
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/23/2015

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: Emergency 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 47 year old male, who sustained an industrial injury on October 20, 2004. He reported slipping in a muddy hole suffering an inversion injury to his right ankle with spiral fracture of the fibula and dislocation of the ankle. The injured worker was diagnosed as having chronic pain, degenerative joint disease of the ankle and-or foot, osteomyelitis of the ankle and or foot, and traumatic arthropathy of the lower leg. Treatments and evaluations to date have included MRIs and medication. Currently, the injured worker reports right leg, foot, and ankle pain, and back pain. The Treating Physician's report dated June 8, 2015, noted the injured worker reported his pain about the same. The injured worker rated his pain as 1-2 out of 10 with medication, 7 out of 10 without medication, with the ability to walk and work with the medication, and lying on the couch without the medication. The injured worker's medications were listed as Norco, Vitamin C, and Aspirin. Physical examination was noted to show the right ankle with mild pain with range of motion (ROM) and reduced plantar flexion and dorsiflexion. The injured worker was noted to have documentation of a urine drug screen (UDS), a pain management contract, and a CURES report, all to monitor his opiate use. The treatment plan was noted to include continued current exercise program, a referral to orthopedics, and a prescription for Norco. The injured worker was noted to continue to work at full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and Hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets criteria to recommend continued opioid therapy with Norco. However, this request includes a request for a refill, which is illegal. Norco is a schedule 2 controlled substance and refills are not allowed. UR approved 1 month of medications. Pt has follow-up with his PCP 1 month for reassessment. Prescription for Norco with refill is not medically necessary.