

Case Number:	CM15-0147265		
Date Assigned:	08/10/2015	Date of Injury:	11/20/2007
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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: Hawaii, California, Iowa

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 58 year old male who sustained an industrial injury on 11-20-2007. He reported that a coworker ran over his foot with a forklift crushing his left foot. He was found to have a proximal 3rd metatarsal fracture and plantar fasciitis. Treatment to date has included medications, physical therapy and surgery. According to a progress report dated 06-10-2015, the injured worker reported stabbing pain across the top of his left foot. Due to cold weather, he had a flare up the day prior. He was taking Soma at night. He took the day prior off from work because of severe cramps and pain in his foot. He had been using Norco up to 6 per day. With medications, he could work and be more functional. With Norco there was a 50 percent reduction in pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. Current pain level was rated 8 on a scale of 1-10. At best, pain was rated 4 with medications and 10 without them. Physical examination demonstrated tenderness over the dorsum of the left foot and the volar aspect of the foot near the plantar fascia. He ambulated with a limp. There was disuse atrophy around the ankle foot by comparison to the right counterpart. Passive range of motion of the metatarsals was very painful for him at his previous fracture site. There was good 5/5 strength in the lower extremity muscle groups tested. Sensation appeared to be grossly intact in the lower extremity dermatome. Impression included chronic metatarsalgia left foot with chronic plantar fascial release with ongoing foot pain. He had a history of 3rd metatarsal fracture with chronic persisting metatarsalgia and claudication and leg cramps in the left foot. The treatment plan included Norco, Soma and Ibuprofen. A prescription was given for Norco 10-325 1 to 2 tabs three times a day as needed, limit 6 per day #180. The provider noted that the injured worker was under a narcotic contract and that urine drug screens had been appropriate. Currently under review is the request for Norco 10/325 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, Long-term use of opioids Page(s): 9, 78, 88.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Per MTUS, pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. In this case, documentation shows long term use of Soma, Norco and Ibuprofen. The injured worker has been taking Norco dating back to 05-18-2009. Urine drugs screens were noted to be consistent, but were not submitted for review. The treating provider notes in the progress reports dating back to 07-24-2013 that there is 50% functional improvement with use of the medications versus not taking them at all. Guidelines state that functioning should be measured at 6 month intervals using a numerical scale of validated instrument which was not done. Progress reports show that the injured worker has been working since 2009. Work restrictions or modifications were not documented in the progress reports. The injured worker continued to report high pain levels. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.