

Case Number:	CM15-0149720		
Date Assigned:	08/12/2015	Date of Injury:	05/23/2011
Decision Date:	09/29/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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

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 50-year-old male who sustained a work related injury May 23, 2011. According to a physician's progress report, dated July 8, 2015, the injured worker presented to the clinic for a follow-up appointment. Diagnoses are documented as Achilles bursitis or tendonitis; osteoarthritis, lower leg; abnormality of gait. Some of the typed written reports are missing pages. Objective findings included moderate swelling of the medial aspect of the left ankle without warmth of the joints or crepitus and tenderness to palpation in the ATF (anterior talofibular ligament) left ankle, retro patella on the left ankle; range of motion dorsiflexion left 15 degrees, plantar flexion left 15 degrees, inversion 10 degrees, and eversion 15 degrees; paresthesias to light touch in the lateral left leg; sacroiliac compression test positive and gait slightly antalgic on the left. Current medication included Norco 10-325mg, one every four hours for pain, Norco 10-325mg take one every 8 hours, and Lyrica. Diagnoses are frozen shoulder; rotator cuff syndrome bursitis; pes anserine bursitis; abnormality of gait; osteoarthritis lower leg. Treatment plan included pending gym membership, Hydrocodone 10-325mg quantity 80 provided for 2 weeks and Lyrica provided. At issue, is the request for authorization for Norco 10-325mg #160.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 50-year-old patient complains of foot pain, rated at 6/10, as per progress report dated 06/08/15. The request is for Norco 10/325 mg #160. There is no RFA for this case, and the patient's date of injury is 05/23/11. Diagnoses, as per progress report dated 07/08/15, included frozen shoulder, rotator cuff syndrome, Per Anserinus bursitis, abnormal gait, and osteoarthritis of the lower leg. Medications included Norco and Lyrica. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the first two pages of progress report dated 07/08/15 are missing. Four other progress reports, dated 06/08/15, 04/08/15, 02/19/15, and 01/21/15, have been provided for review and they only have the first page. Rest of the pages from these reports are missing. The patient is taking Norco, as per progress report dated 07/08/15. However, it is not clear when the medication was initiated. The parts of the report available for review do not document the actual impact of Norco on pain, as indicated by a change in validated pain scale. There are no specific examples that indicate improvement in function. Additionally, No UDS or CURES reports are available for review. There is no indication of side effects as well. MTUS requires a clear documentation regarding impact of Norco on 4A's, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.