

Case Number:	CM15-0167375		
Date Assigned:	09/08/2015	Date of Injury:	02/16/2012
Decision Date:	10/29/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 32 year old male, who sustained an industrial injury on 02-16-2012. The injured worker was diagnosed as having ankle sprain. On medical records dated 07-16-2015 and 06-18-2015 subjective complaints were noted as right ankle pain and swelling. Pain was 8 out of 10 during visits and at its best pain was noted at 4 out of 10 with medication and 10 out of 10 without medication. The pain was noted to be at a 50% decreased, and a 50% functional improvement with activities of daily living with medication. The objective findings were noted as having a left ankle exam which revealed a well-healed incision, swelling over the ankle joint was noted, passive range was painful with inversion and active range was limited in all planes. Skin temperature was equal bilaterally. Left calf atrophy was noted when compared to right. The injured worker was noted to ambulate with a limb. The injured worker was noted to be not working. Treatment to date included consults with podiatrist and orthopedic surgeon, laboratory studies, lace -up ankle brace, urine drug screen and medication. Current medication was listed as Norco, Lyrica, Effexor XR, and Xanax. The injured worker was noted to be taking Norco since at least 01-2015. The Utilization Review (UR) was dated 08-10-2015. A Request for Authorization was dated 07-21-2015, which requested Norco, Effexor XR, Xanax and Lyrica. The UR submitted for this medical review indicated that the request for Norco 10/325 mg #90 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 6/18/15, it was noted that the injured worker rated his pain 8/10, at best a 4/10 with medications, 10/10 without them. He reports 50% reduction in his pain, and 50% functional improvement with activities of daily living with the medications versus not taking them at all. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe usage, medical necessity cannot be affirmed.