

Case Number:	CM15-0169247		
Date Assigned:	09/09/2015	Date of Injury:	03/05/2014
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This is a 55 year old male with a date of injury of March 5, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post left ankle fibula fracture, laceration over the medial aspect of the lower extremity, and antalgic gait secondary to left ankle fracture. Medical records (July 24, 2015) indicate that the injured worker complains of persistent pain to the left lower extremity rated at a level of 5 to 6 out of 10 that radiates to the left foot, and lower back pain on the left. Records also indicate that the pain was made worse with activities and by the weather. A progress note dated June 26, 2015 noted left foot pain rated at a level of 5 to 6 out of 10 that was improving. Per the treating physician (July 24, 2015), the employee has not returned to work. The physical exam (July 24, 2015) reveals a large scar in the medial portion of the lower leg, significant motion loss of the left ankle, decreased strength in plantar a dorsiflexion, decreased range of motion of the right knee, tenderness over the right knee medial joint line, and decreased strength of the quadriceps. There were no changes noted since the examination on June 26, 2015. Treatment has included physical therapy since at least January of 2015, and medications (Norco 10-325mg since at least January 30, 2015; Motrin; topical anti-inflammatory compounds). The treating physician indicates that the urine drug testing result (June 26, 2015) showed the prescribed hydrocodone was detected. The original utilization review (August 4, 2015) partially certified a request for Norco 10-325mg #60 (original request for #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone) 10/325mg Sig 1-2 tabs Q-6 hours prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids for osteoarthritis.

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

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional work status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Norco (Hydrocodone) 10/325mg Sig 1-2 tabs Q-6 hours prn #90 is not medically necessary or appropriate.