

Case Number:	CM15-0181747		
Date Assigned:	09/23/2015	Date of Injury:	12/17/2009
Decision Date:	10/27/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/15/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 48-year-old female, who sustained an industrial injury on December 17, 2009, incurring bilateral ankle and foot injuries. She was diagnosed with a left lateral malleolar ankle fracture and right plantar fasciitis and Achilles tendinopathy. She underwent an open reduction internal fixation of the left ankle fracture and three other ankle surgeries in 2009. Treatment included ice treatment, exercises, anti-inflammatory drugs, pain medications, anti-depressants, and splinting, orthotics, physical therapy and home exercise program and activity modifications. Currently, the injured worker complained of ongoing ankle pain and discomfort with prolonged weight bearing activities. Upon examination, she was unable to tolerate heel walk. The injured worker rated her pain 5 out of 10, on a pain scale from 1 to 10, with medications, and 8 out of 10 without pain medications. Her pain continues all day, worse with being cold and sitting. She was noted to have tenderness and limited range of motion of the left ankle. She was diagnosed with reflex sympathetic dystrophy of the left lower extremity and chronic pain due to trauma. The treatment plan that was requested for authorization on September 15, 2015, included prescriptions for Norco 10-325mg #240; Oxycontin 15mg #90 and Baclofen 20mg #60 with 2 refills. On September 11, 2015, a request for prescriptions for Norco10-325mg #240 was modified to approve #150 and deny #90; Oxycontin 15mg #90 was modified to approve #60 and deny #30; and non-certify the prescription for Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (hydrocodone-acetaminophen) 10/325 mg Qty 240: 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 for chronic pain, Opioids, screening for risk of addiction (tests), Opioids, specific drug list.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Oxycontin. There was no mention of Tylenol, NSAID, or weaning failure. The combined dose of Oxycontin and Norco is greater than 120 mg. The continued use of Norco is not medically necessary.

Oxycontin (Oxycodone HCL) 15 mg Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Oxycontin is not 1st line for foot pain. The claimant was on Oxycontin for several months in combination with Norco. The combined medications had a Morphine equivalent does of greater than 120 mg. There was no mention of weaning, NSAID or Tylenol failure. Continued use of Oxycontin in the dose above is not medically necessary.

Baclofen 20 mg Qty 60 with 2 refills: 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): Muscle relaxants (for pain).

Decision rationale: According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the claimant does not have the diagnoses above. It was used in conjunction with opioids increasing risk of side effects and addiction. The continued use of Baclofen is not medically necessary.