

Case Number:	CM15-0192815		
Date Assigned:	10/06/2015	Date of Injury:	11/08/2012
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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 26 year old male who sustained an industrial injury on 11/08/2012. A review of the medical records indicated that the injured worker is undergoing treatment for right talus osteochondral defect and impingement. The injured worker is status post right ankle arthroscopy debridement and drilling of the talus osteochondral defect on 12-11-2014. According to the treating physician's progress report on 08-10-2015, the injured worker continues to experience right ankle pain with difficulty showering and driving with limited ability with activities involving weight bearing on the right ankle. Examination demonstrated right ankle anteromedial and anterolateral tenderness with painful full range of motion. Sensation is intact. Right ankle magnetic resonance imaging (MRI) (no date documented) reported within the progress notes of 08-10-2015 stated "an osteochondral defect of the right talus with minimal marrow edema improved compared to the prior MRI. No tendon tears, stress fractures arthritic changes are noted". Prior treatments have included diagnostic testing, surgery, physical therapy, right ankle joint aspiration and steroid injection on 06-08-2015. Current medication was listed as Norco (since surgery). The injured worker remains on temporary total disability (TTD) and not working. Treatment plan consists of surgery for debridement and the current request for Norco 10mg-325mg #120. On 09-22-2015, the Utilization Review modified the request for Norco 10mg-325mg #120 to Norco 10mg-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/24/15 with right ankle pain rated 5/10 with medications, 8/10 without. The patient's date of injury is 11/08/12. Patient is status post right ankle arthroscopic debridement and correction of talus osteochondral defect on 12/11/14. The request is for NORCO 10/325MG #120. The RFA is dated 09/15/15. Physical examination dated 09/24/15 reveals an antalgic gait favoring the right, and pain with medial and lateral stressing of the right ankle. The patient is currently prescribed Norco and Lidoderm patches. Patient is currently classified as temporarily totally disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 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, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress notes dated 09/15/15 and 09/24/15 indicate that this patient's pain is reduced from 8/10 to 5/10 through the use of medications. The provider also includes discussion of this patient's difficulties with activities of daily living, though does not mention how medications improve this patient's function. Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does include documentation of analgesia via a validated scale. However, the provider fails to specify activity-specific improvements attributed to Narcotic medications, and a discussion regarding urine drug screen consistency to date. No statement indicating a lack of aberrant behavior is included, either. Without more specific functional improvements, evidence or discussion of consistent urine drug screening to date, and a statement regarding aberrant behavior, the continuation of this medication cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.