

Case Number:	CM15-0201855		
Date Assigned:	10/16/2015	Date of Injury:	11/08/2009
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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 is a 55 year old female who sustained an industrial injury on 11-8-2009. A review of the medical records indicates that the injured worker is undergoing treatment for history of traumatic injury to the right foot, status post surgical exploration and transfer of tendon (x2), residual pain and weakness in the right ankle and status post traumatic fracture of the nose with deviated septum. According to the progress report dated 9-4-2015, the injured worker complained of cramps in the right leg, especially with prolonged standing and walking. She also reported mild pain in her back. She complained of severe blockage of the nose and difficulty breathing; she had seen an ENT. She reported taking one tablet of Norco, which had been helpful, especially in the morning hours. Per the treating physician (9-4-2015), the work status was permanent and stationary. Objective findings (9-4-2015) revealed an antalgic gait; the injured worker had been using her right ankle arthrosis. The range of motion and sensory exam were noted to be unchanged. There was mild tenderness in the lower back. The physical exam on 6-19-2015 revealed tenderness to palpation over the right ankle region and decreased range of motion. Treatment has included surgery, ankle brace and medications. Current medications included Norco (since at least 6-19-2015), Ambien and Flexeril. Previous medications included Tylenol #3 and Baclofen. The original Utilization Review (UR) (9-16-2015) denied a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #30 (1 tab po q daily 30 day supply): Upheld

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

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 on-going 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 nonadherent) 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." Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, 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. As MTUS recommends to discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.