

Case Number:	CM15-0203865		
Date Assigned:	10/20/2015	Date of Injury:	02/12/2014
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 40 year old, female who sustained a work related injury on 2-12-14. A review of the medical records shows she is being treated for right foot-ankle pain. In the progress notes dated 6-11-15 and 9-4-15, the injured worker reports a "considerable amount of activity driven" pain in the left foot and ankle. She reports right foot swelling with activity. On physical exam dated 9-4-15, she continues to demonstrate guarding with dorsal lateral column of the right rear foot and ankle. Inversion to resistance is sore and uncomfortable. She demonstrates an antalgic, propulsive gait. Treatments have included greater than 20 sessions of physical therapy, use of orthotics and medications. Current medications include Voltaren topical gel and Norco. She has been taking the Norco for an undetermined amount of time. She was not taking it at the time of the 6-11-15 progress note. She is not working. The treatment plan includes requests for Voltaren gel, Norco and for physical therapy. In the Utilization Review dated 9-16-15, the requested treatment of Norco 5-325mg. #60 is modified to Norco 5-325mg #54. The requested treatment of physical therapy 3 x 4 to the right ankle is modified to physical therapy 2 sessions for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: 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, criteria for use.

Decision rationale: Norco 5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no evidence of an objective urine drug screen. The documentation is not clear that Norco use has increased the patient's function. The documentation does not reveal that the above MTUS opioid prescribing recommendations are being followed therefore the request for Norco is not medically necessary.

Physical therapy 3 times a week for 4 weeks for the right ankle: 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): Physical Medicine.

Decision rationale: Physical therapy 3 times a week for 4 weeks for the right ankle is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had at least 20 PT sessions at this point. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would further exceed the MTUS recommended number of visits for this condition therefore this request is not medically necessary.