

Case Number:	CM15-0206061		
Date Assigned:	10/22/2015	Date of Injury:	06/24/2002
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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 43 year old male who sustained an industrial injury on 6-24-02. A review of the medical records indicates that the worker is undergoing treatment for right ankle pain, right foot pain, and status post right ankle surgery. Subjective complaints (9-14-15) include lower extremity pain which radiates into the lower back, leg, knee, and foot, right lower extremity swelling, medication associated gastrointestinal upset, and pain with medications is rated 3 out of 10 and without is rated 8-9 out of 10. Interference with activities of daily living due to pain is reported as 3 out of 10. Objective findings (9-14-15) include tenderness on palpation and moderate swelling of the right ankle, and decreased right ankle range of motion due to pain. A urine drug screen (11-14-14) was positive for Hydrocodone LC/MS. Work status is noted as continuing to work. Previous treatment includes Norco (since at least 3-30-15), Ibuprofen, Omeprazole, icing, and steroid injections-ankle. On 10-14-15, the requested treatment of Norco 10-325mg #120 with 1 refill was modified to #40 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120, with 1 refill: Overturned

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

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

Decision rationale: The requested Norco 10/325mg, #120, with 1 refill is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower extremity pain which radiates into the lower back, leg, knee, and foot, right lower extremity swelling, medication associated gastrointestinal upset, and pain with medications is rated 3 out of 10 and without is rated 8-9 out of 10. Interference with activities of daily living due to pain is reported as 3 out of 10. Objective findings (9-14-15) include tenderness on palpation and moderate swelling of the right ankle, and decreased right ankle range of motion due to pain. A urine drug screen (11-14-14) was positive for Hydrocodone LC/MS. Work status is noted as continuing to work. Previous treatment includes Norco (since at least 3-30-15), Ibuprofen, Omeprazole, icing, and steroid injections-ankle. The treating physician has documented functional improvement from this low opiate load narcotic, i.e. full time work status. The criteria noted above having been met, Norco 10/325mg, #120, with 1 refill is medically necessary.