

Case Number:	CM15-0208111		
Date Assigned:	10/27/2015	Date of Injury:	10/15/2013
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: New Jersey

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 55 year old female who sustained an industrial injury on 10-15-13. The injured worker reported bilateral ankle pain. A review of the medical records indicates that the injured worker is undergoing treatments for sprain of right ankle, neuropathic pain, tenosynovitis right ankle and peroneal brevis tear. Medical records dated 9-23-15 indicate ankle pain rated at 6 out of 10. Provider documentation dated 9-23-15 noted the work status as modified work with restrictions. Treatment has included brace, activity modification, right ankle radiographic studies, and Norco since at least May of 2015. Objective findings dated 9-23-15 were notable for right ankle with tenderness to palpation. The original utilization review (10-2-15) denied a request for Norco 5-325mg #60.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Opioids, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was used regularly leading up to this request for renewal. However, the full review for opioid use was not seen in the documentation as being completed regarding the Norco use. In particular, there was no record of functional gains and pain level reduction with its use to help show its effectiveness for the primary goals. Therefore, without this information included in the documentation, this request for Norco is not medically necessary.