

Case Number:	CM15-0208639		
Date Assigned:	10/27/2015	Date of Injury:	11/11/1998
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
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: California, Hawaii

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 77 year old female who sustained an industrial injury on 11/11/1998. Medical records indicated the worker was treated initially for a fractured right ankle, and had an open reduction and internal fixation of the ankle later developing complex regional pain syndrome of the right lower extremity. In the provider notes of 08-04-2015, the injured worker complains of right lower extremity pain. On physical exam, the right foot is purplish in color especially distally with some decrease in temperature. Pedal pulses are normal. Sensation to light touch is decreased in the distal aspect of all toes. Dorsiflexion and plantar flexion of the foot is restricted. There are no ulcers of any other skin abnormalities. The plan is for continuation of Norco (since at least 10-21-2014) and return to the clinic in 3 months. According to provider notes, her pain is "well controlled with current therapy with no aberrant behaviors". There are no numeric ratings of pain and no indication of onset of pain relief after medication intake, no notation of pain level between visits, and no notation of increased function. A request for authorization was submitted 09-28-2015 for Norco 7.5/325mg #120. A utilization review decision 10-09-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: The patient presents with pain affecting the right lower extremity. The current request is for Norco 7.5/325mg #120. The treating physician report dated 8/4/15 (52B) states, "She is currently using Norco 7.5/325 mg tablets one p.o. q.i.d." MTUS pages 88 and 89 state "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 12/17/14 (42B). The report dated 8/4/15 (52B) does not note the patient's pain level. No adverse effects or adverse behavior were discussed by the patient. In this case, all four of the required A's are not addressed, the patient's pain level has not been assessed at each visit and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Norco. The current request is not medically necessary.