

Case Number:	CM15-0221224		
Date Assigned:	11/16/2015	Date of Injury:	12/14/2010
Decision Date:	12/29/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/10/2015

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: Preventive Medicine, Occupational 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:

This 59-year-old male sustained an industrial injury on 12-14-10. Documentation indicated that the injured worker was receiving treatment for left Morton's amputation neuroma. Previous treatment included surgical excision of left Morton's neuroma (2-17-12), injections, orthotics and medications. In a SOAP note dated 7-7-15, the injured worker complained of ongoing pain on the dorsal and plantar aspects of the left third and fourth toe, rated 9 out of 10 on the visual analog scale without medications and 0 out of 10 with Norco. The injured worker continued to work full time and stated that taking medications was the only way he could do his job. The injured worker did not want to take more time off or have modified work. In a SOAP note dated 10-14-15, the injured worker complained of ongoing "severe" pain in the left third and fourth toes from the amputation neuroma. The injured worker's Norco had not been authorized until one week prior to exam. The physician stated that the injured worker had been working in "severe" pain. Physical exam was remarkable for "extreme" pain to the left dorsal and plantar third interspace with residual electric pain after palpation, allodynia along the scar, the dorsal and plantar aspects of the third and fourth toe. A new pair of orthotics had been authorized. The treatment plan included casting for orthotics and prescriptions for Norco and Ibuprofen (since at least 4-28-15). On 10-20-15, Utilization Review noncertified a request for Norco 10-325mg #60 with three refills and Ibuprofen 800mg #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60 Refill 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective evidence of functional improvement with prior use of Norco. Additionally, this request for 3 refills is not supported by the guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg Qty 60 refill 3 is determined to not be medically necessary.

Ibuprofen 800 mg Qty 60 Refill 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally there is no objective evidence of pain relief or functional improvement attributable to this medication. The request for Ibuprofen 800 mg Qty 60 refill 3 is determined to not be medically necessary.