

Case Number:	CM15-0031445		
Date Assigned:	02/24/2015	Date of Injury:	02/28/2013
Decision Date:	04/10/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 42 year old male, who sustained an industrial injury on 02/28/2013. He has reported right ankle/foot pain and low back pain. The diagnoses have included right ankle sprain; chronic cervical pain; and lumbosacral back strain. Treatment to date has included medications, bracing, physical therapy, and surgical intervention. Medications have included Norco and Percocet. Surgical intervention has included subtalar and calcaneocuboid arthrodesis with local bone graft, performed on 07/30/2014. A progress note from the treating physician, dated 12/22/2014, documented the injured worker to report right foot pain with some improvement. Objective findings included tenderness of the right foot over the posterior screw heads with palpable and tender hardware; mild swelling is noted; and sensation is intact throughout. The treatment plan has included request for right ankle removal of hardware; and for prescription pain medications. On 01/20/2015 Utilization Review modified a prescription for Norco 10/325 mg #60 with 1 refill, to 1 prescription for Norco 10/325 mg, #60; and noncertified a prescription for Percocet 10/325 mg #60 with 1 refill. The CA MTUS, ACOEM was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a prescription for Norco 10/325 mg #60 with 1 refill; and Percocet 10/325 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 151.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89, 90.

Decision rationale: Based on the 12/22/14 progress report provided by treating physician, the patient presents with right foot pain. The request is for Norco 10/325MG #60 with 1 refill. Surgical intervention has included subtalar and calcaneocuboid arthrodesis with local bone graft, performed on 07/30/14. Patient's diagnosis on 12/22/14 included right talocalcaneal tarsal coalition, and right calcaneocuboid arthritis. Per physician report dated 01/15/14, the patient is in on modified duty. Regarding initiating opiates, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." Per progress report dated 12/22/14, the patient is being scheduled for removal of hardware to the right ankle. The provider has asked for Norco prescription with one refill to address post-operative pain. The request appears to be for a short-term use of opiates to address a specific situation. Therefore, the request IS medically necessary.

Percocet 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

Decision rationale: Based on the 12/22/14 progress report provided by treating physician, the patient presents with right foot pain. The request is for Percocet 10/325mg #60 with 1 refill. Surgical intervention has included subtalar and calcaneocuboid arthrodesis with local bone graft, performed on 07/30/14. Patient's diagnosis on 12/22/14 included right talocalcaneal tarsal coalition, and right calcaneocuboid arthritis. Per physician report dated 01/15/14, the patient is in on modified duty. Regarding initiating opiates, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." In this case, the request is for post-operative pain. However, the physician has already asked for Norco. There is no reason to prescribe another opiate. There is no reason to believe that Norco already prescribed is not going to be effective. MTUS recommends using one medication at a time. Therefore, the request IS NOT medically necessary.