

Case Number:	CM15-0032570		
Date Assigned:	02/26/2015	Date of Injury:	12/16/2009
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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: Pennsylvania, Ohio, 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:

This 36-year-old male sustained an industrial injury on 12/16/09. He subsequently reports ongoing left foot pain. The injured worker has undergone left foot/ ankle surgery. Treatments to date have included work restrictions, orthotics, injections and prescription pain medications. On 1/29/15, Utilization Review non-certified a request for one prescription of Norco 5/325mg #100. The one prescription of Norco 5/325mg #100 denials was based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the four as of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective,

verifiable functional benefit to support an indication for ongoing opioid use. A prior physician review recommended non-certification of this request due to the absence of documented functional benefit from opioids. However, the records, including a Permanent and Stationary report of 2/8/13, document that this medication has been requested for interval breakthrough pain in a patient who has been able to return to work as a roofer with caution regarding his activities while using this medication. Thus, the records document that the medication has allowed the patient to achieve a very high level of functional activity; the dosage is within MTUS guidelines for opioid use and the four as of opioid management have been met overall. This request is medically necessary.