

Case Number:	CM15-0032573		
Date Assigned:	02/26/2015	Date of Injury:	06/16/2002
Decision Date:	04/03/2015	UR Denial Date:	02/16/2015
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: North Carolina, Georgia
 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 male, who sustained an industrial injury on 6/16/2002. He has reported injury to the right ankle. The diagnoses have included history of right ankle surgery with chronic ankle pain. Treatment to date has included medication therapy, hot/cold modalities and modified activity. Currently, the Injured Worker complains of ongoing right ankle pain, rated 8-9/10 VAS with activity associated with numbness, tingling and weakness in the foot. The physical examination 2/3/15 documented visual fullness and low of Range of Motion (ROM). Computed Topography (CT) scan of the ankle completed 12/4/14 significant for a healed fracture, osteoarthritis, soft tissue swelling and atherosclerosis. On 2/16/2015 Utilization Review non-certified Norco 5/325mg one tablet per day #30 with no refills, noting the recommendation for weaning. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Norco 5/325mg one tablet per day #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG 1 Tab Per Day #30 with No Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case describes reduction in pain from medication use but does not document improved function. There is a signed narcotic contract and the claimant is reported to be low risk for diversion or abuse yet a urine drug screen was performed which was inconsistent with the prescribed medication. This inconsistency was not addressed. Ongoing treatment with Norco is not medically indicated.