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| Case Number: | CM15-0041335 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 11/02/2013 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 46 year old male, who sustained an industrial injury on November 2, 2013. He reported slipping and falling off a ladder, landing on his left foot and ankle, fracturing the foot/ankle and underwent open reduction internal fixation (ORIF). The injured worker was diagnosed as having fracture of left calcaneus, prior tib/fib fracture, and end stage posttraumatic tibiotalar arthritis. Treatment to date has included home exercise program (HEP), physical therapy, walking boot, and medication. Currently, the injured worker complains of left foot and ankle pain. The Treating Physician's report dated November 13, 2014, noted that on October 23, 2014, radiography of the left ankle showed the calcaneus fracture healed well. The injured worker received a left tibiotalar joint corticosteroid injection on October 23, 2014, noted to give him only one day of good relief. Examination of the ankle showed a well-healed surgical incision, with mild swelling, significant tibiotalar tenderness, and decreased range of motion (ROM). The Physician noted there was not much more non-operative treatment that could be offered to the injured worker, with further corticosteroid injections not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-98.

Decision rationale: Guidelines state that Norco is recommended for short term treatment of moderate to severe pain and ongoing monitoring of efficacy, side effects, functionality, and signs of aberrant drug use. In this case, the patient had been on Norco chronically without overall functional benefit. According to guidelines, the Norco should be weaned and discontinued. Thus, the request for Norco 10/325 mg #60 is not medically appropriate and necessary.