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| Case Number: | CM15-0043594 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 01/27/2010 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: Connecticut, California, Virginia
 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 1/27/10. He has reported bilateral ankle injuries; mechanism of injury was not noted. The diagnoses have included pain in joint ankle and foot. Treatment to date has included medications and surgery. Surgery has included right Achilles tendon revision reconstruction with allograft. Currently, as per the physician progress note dated 2/5/15, the injured worker returned for evaluation of the right ankle. It was noted that he has been trying to lose some weight. He still has daily pain, weakness and difficulty but it is better than pre-operatively although the note provides little objective exam information. The current medications included Norco, Motrin and Prilosec regularly which relieves the effects of the industrial injury and allows him to function at his current level per report, but there is no evidence of objective functional improvement. The requested treatment was for Norco 5/325mg 1-2 PO q6hrs #60 which was modified by utilization review for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1-2 po q6hrs #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient has had operative management of the injured ankle, warranting even greater concern for close monitoring and treatment, to include close follow up regarding improvement in pain/function. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up aimed at working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. If there is objective evidence of functional improvement, it should be documented clearly in order to consider continuation of opioid treatment. While a weaning protocol is likely in order, there needs to be specific evidence of a plan in place to successfully wean the patient, and without such a plan, the quantity of medications currently requested is not considered in the opinion of this reviewer to be medically necessary and appropriate, making the decision to modify the request per utilization review reasonable given the provided records.