

Case Number:	CM15-0045329		
Date Assigned:	03/17/2015	Date of Injury:	10/14/2008
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, California
 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 51 year old male, who sustained an industrial injury on October 14, 2008. He reported left great toe and bilateral hip pain. The injured worker was diagnosed as having left hip pain, plantar fascial fibromatosis, reflex sympathetic dystrophy of the lower limb, toe pain, crushing injury of the toes and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left great toe, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of bilateral hip and left great toe pain. The injured worker reported an industrial injury in 2008, resulting in amputation of the left great toe and bilateral hip pain. He was treated surgically to manage the left toes laceration however, the wound became infected and required further surgical intervention to debride the wound. He was placed on antibiotic therapy. Evaluation on October 29, 2014, revealed continued pain with associated insomnia. Evaluation on February 11, 2015, revealed continued pain. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, refill: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year in combination with Tramadol and NSAIDS without and chronic continued use of Norco is not medically necessary.