

Case Number:	CM15-0051100		
Date Assigned:	07/21/2015	Date of Injury:	11/23/1998
Decision Date:	08/12/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained an industrial injury on 11/23/1998. Mechanism of injury occurred from a fall from a ladder. Diagnoses include osteoarthritis of the ankle, the lumbar spine and the cervical spine, left shoulder impingement, and degenerative joint disease. Treatment to date has included diagnostic studies, medications, status post ORIF of the right ankle, status post C3-C7 laminectomy and foraminotomy in 2009, ankle brace, acupuncture, aquatic therapy, and left shoulder intraarticular injection. He is permanently disabled. A physician progress note dated 01/22/2015 documents the injured worker complains of a large amount of pain in his right ankle. He is limping and his back is also causing him trouble in his cervical spine. Laboratory studies for his kidney function and liver function were done due to his NSAID use, and they were normal. Treatment requested is for Norco 7.5/325mg #60, and Robaxin 750mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for neck and right ankle pain. He sustained a talus fracture with subtalar dislocation and underwent a subtalar fusion. When seen, he was having significant ankle pain and was limping. He was having cervical pain. Medications were refilled including Norco at a total MED (morphine equivalent dose) of 15 mg per day. The claimant would be expected to have somewhat predictable activity-related breakthrough pain (i.e. incident pain) when standing and walking which is consistent with his history of injury and clinical presentation. Norco is a short-acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when he was having worsened pain. There were no identified issues of abuse or addiction. The prescribing of Norco is medically necessary.