

Case Number:	CM15-0051114		
Date Assigned:	03/24/2015	Date of Injury:	07/20/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: New Jersey
 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 28-year-old male, who sustained an industrial injury on 7/20/2011. He reported a fall with right ankle injury. The injured worker was diagnosed as having a fracture dislocation of the right ankle. Treatment to date has included open reduction and internal fixation of the right ankle on 7/23/2011, hardware replacement on 9/16/2011, and conservative treatments, including medications, H-wave device, physical therapy, magnetic resonance imaging of the right ankle dated 11/26/2014. Urine drug screen, dated 12/19/2014, noted inconsistent results. Currently, the injured worker complains of pain in the medial malleolus and aches in both of his calves and bottoms of feet. He reported numbness in the back of his ankles, pins and needles sensation around the outside of his right leg, and stabbing sensations along the outside of the right ankle. Visual analogue scale was documented as stabilized at 5. Current medications included Norco 10mg (2 tabs 3x day) and Methadone 10mg (2-1-2), noting a recent decrease in Methadone from 6 daily down to 5 daily. He also used Lidoderm if pain was unbearable. He used a cane or scooter to get around. Exam of his lower extremity noted tenderness just at the medial malleolus border, numbness around the incision site and top of foot, and pain at the tarsal tunnel on the right. He was able to walk fairly fast on the right lower extremity, although foot positioning was not normal. The treatment plan included medication refills, noting further weaning in April.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state, that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use. There is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects. As well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, who has far exceeded the upper limit of opioids and is using Norco along with other opioids which isn't medically necessary. There was insufficient evidence to show independent and measurable pain reduction and functional gains directly related to the Norco use, although there was some reporting of benefit with the concomitant use of both methadone and Norco together. The provider requested that the worker wean down on opioids and this wean is not clearly documented as being followed in a progressive way. Therefore, considering the above, the Norco will not be considered medically necessary and weaning is recommended.