

Case Number:	CM15-0056953		
Date Assigned:	04/01/2015	Date of Injury:	04/20/2013
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 35 year old male, who sustained an industrial injury on 4/20/13. He reported fracture of lateral malleolus. The injured worker was diagnosed as having fracture of lateral malleolus, tendonitis, closed fracture of foot, ganglionic cystic tissue and plantar weight bearing surface 5th metatarsal head of right forefoot. Treatment to date has included peroneal debridement with primary repair of lateral right rearfoot and excision of peroneum, plantar lateral right midfoot, oral medications, and home exercise program and activity restrictions. Currently, the injured worker returns one month post-surgery to lateral aspect of right rear foot with well managed pain. Upon physical exam dated 3/4/15, passive range of motion is available to right rear foot and surgical incision is healed without dehiscence. The treatment plan included partial weight bearing, immobilization walking boot, crutches and range of motion exercises and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are fractured lateral malleolus closed; tendinitis; fracture/closed foot; and ganglionic cystic tissue. The documentation in the medical record, pursuant to a February 19, 2015 progress note, states the injured worker is well maintained on Norco 7.5 mg. The plan is to request refills for Norco 7.5mg #80. The request in the medical record is for Norco 10/325mg #80. There is no documentation in the medical record supporting the request for Norco 10 mg when the progress note clearly indicates Norco 7.5 mg maintains the pain and the intent is to renew the Norco 7.5 mg. Consequently, absent clinical documentation to support Norco 10/325 mg #80 when the treatment plan indicates Norco 7.5 mg #80, Norco 10/325 mg # 90 is not medically necessary.