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| Case Number: | CM15-0059768 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 04/17/2009 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male, who sustained an industrial injury on 4/17/09. The injured worker was diagnosed as having status post contusion/twisting injury of right foot and ankle associated with distal tibial fracture, posttraumatic arthrofibrosis/synovitis of right ankle, fixed varus deformity of distal tibia and ankle secondary to maligned tibial fracture, chronic plantar fasciitis of left foot and complex regional pain syndrome of right lower extremity. Treatment to date has included home exercise program and oral medications including opioids. Currently, the injured worker complains of severe pain in right lower extremity. Upon physical exam tenderness is note with hypersensitivity on palpation over the right and lower extremity and left foot. The treatment plan consisted of continuation of home exercise program and continuation of oral medications including Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines opioids, ongoing management, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 04/17/2009 and presents with severe pain in his right lower extremity. The request is for NORCO 5/325 mg #120. There is no RFA provided, and the patient is MMI. The patient has been taking Norco as early as 11/17/2014. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. On 01/15/2015, the patient rated his pain as a 6/10. A CURES report was consistent. "He is tolerating his medications." On 03/09/2015, the patient rated his pain as a 5/10. In this case, none of the 4As are addressed as required by the MTUS Guidelines. The treater does not provide any before-and-after pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. Then patient did have a urine drug screen conducted on 01/12/2015 which revealed that he was consistent with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.