

Case Number:	CM15-0060687		
Date Assigned:	04/06/2015	Date of Injury:	07/21/2009
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
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: Preventive Medicine, Occupational 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(n) 43 year old male, who sustained an industrial injury on 7/21/09. He reported pain in his right foot due to a 3-4 foot fall. The injured worker was diagnosed as having chronic plantar fasciitis of the right foot. Treatment to date has included a right heel injection, custom orthotic shoes, right plantar fasciotomy and pain medications. As of the PR2 dated 1/9/15, the injured worker reports still experiencing problems with his right fifth digit adducting underneath the fourth digit and tenderness in the plantar heel. He indicated that he nearly ran out of Norco. The treatment plan includes Norco 5/325mg and possible surgery for right fifth digit. The treating physician requested Norco 5/325mg #120mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 3 months. Norco 5/325mg QTY: 120.00 is not medically necessary.