

Case Number:	CM15-0082703		
Date Assigned:	05/05/2015	Date of Injury:	08/12/2014
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: Emergency 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 52 year old male with an industrial injury dated 8/12/2014. The injured worker's diagnoses include right closed comminuted intra-articular calcaneus fracture status post open reduction and internal fixation and right subtalar post traumatic arthritis. Treatment consisted of diagnostic studies, prescribed medications, injection, physical therapy and periodic follow up visits. In a progress note dated 4/15/2015, the injured worker reported right foot pain. The treating physician reported that the injection in the subtalar joint provided him with few days of relief and now he is back to baseline. Objective findings revealed no palpable motion across the subtalar joint and mild tenderness over the hardware on the lateral aspect of the right heel. Treatment plan consisted of hardware removal and associated preoperative and post-operative services. There is no medication list documented anywhere in the provided records. The treating physician prescribed post-operative Norco 10/325mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria For Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76.

Decision rationale: Hydrocodone/acetaminophen is Norco and contains an opioid. Provider has failed to document current medication regimen therefore it is assumed that this medication is requested as a new medication. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. While post-operative opioid therapy may be considered appropriate for opioid therapy; there is no documentation of approval for surgery. Provider has not provided documentation of approval for surgery and Utilization review shows no approval. Without approval, request for Norco is not indicated and is not medically necessary.