

Case Number:	CM15-0082801		
Date Assigned:	05/01/2015	Date of Injury:	08/16/2007
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/27/2015

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:

This 55 year old male sustained an industrial injury to the right lower extremity on 8/16/07. The injured worker was diagnosed with a displaced lateral malleolar fracture with a displaced mortise joint. The injured worker later developed low back pain. Previous treatment included magnetic resonance imaging, open reduction internal fixation distal fibular fracture, left ankle arthroscopy with debridement and chondroplasty, bracing, chiropractic therapy, injections, epidural steroid injections and medications. In a progress note dated 2/20/15, the injured worker complained of persistent back pain that tended to flare when driving long distances. The injured worker reported that his back brace helped with his sciatica when driving. The injured worker continued to use Norco for breakthrough pain and reported taking two to four tablets per day. Current diagnoses included left ankle fracture with secondary proximal plantar fasciitis and posttraumatic arthritis and chronic lumbar spine sprain/strain with sciatica secondary to aggravation due to chronic altered gait. The treatment plan included a prescription for Norco, continuing use of back brace and proceeding with fitting of orthotics. NSAIDs are avoided due to HTN and Diabetes. Consistent daily use of alcohol of 6-12 beers per day is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #120 30 days: 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 Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the use of long-term opioids if very specific criteria are met. These criteria are not met in this individual. There is no documentation of how much pain relief is experienced and for how long due to the opioids. There is no documentation of functional improvements as a result for opioid use. There is also no documentation of the lack of drug related aberrant behavior which should be addressed as it is documented that there is excessive use of alcohol which is reported to be helpful with pain levels. Under these circumstances the continued daily use of opioids is not supported by Guidelines. The Hydrocodone 10/325 #120 for 30 days is not medically necessary.