

Case Number:	CM14-0120525		
Date Assigned:	08/06/2014	Date of Injury:	09/05/2012
Decision Date:	10/10/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29 year-old male who sustained work-related injuries on September 5, 2012. A prior urine drug screening collected on November 14, 2013 noted that he is negative for opioids. His prior treatment included physical therapy to the left ankle and foot. The left ankle magnetic resonance imaging scan dated January 19, 2014 was essentially unremarkable except for a small fluid accumulation around the tibialis posterior tendon at the level of the talus compatible with tenosynovitis. Per the medical records dated March 10, 2014, the injured worker returned to his provider for a follow-up regarding pain, weakness and swelling of the left foot and ankle. He has been taking Ultram, but it was ineffective. He stated that his pain was out of control. An objective examination of the left foot and ankle revealed swelling and tenderness in the lateral compartment. His range of motion was full but the pain was noted with resisted eversion. His strength was 4/5 and he ambulated with an antalgic gait pattern. He was prescribed with Naprosyn 500mg quantity 60, Pepcid 20mg quantity 60, and Norco 10/325mg quantity 90. The most recent medical records dated June 23, 2014 document that the injured worker presented with complaints of pain in the superior lumbar spine radiating to the bilateral lower extremities (worse on the left than right). He continued to have pain affecting the left foot and ankle with weakness. He rated his lumbar spine pain as 7-10/10 and it was intermittent. He had an interruption in his attendance with physical therapy for the left foot and ankle, due to family issues. At this time, he was ready to finish his physical therapy. On examination, marked tenderness was noted over the lumbar paraspinal muscles. His range of motion was limited with flexion, due to severe pain. The bilateral sitting straight leg raising test was positive on the left. He was noted to ambulate with an antalgic pattern. His left foot and ankle examination noted tenderness over the lateral compartment with swelling. Dorsiflexion, plantarflexion, inversion, and eversion were limited. He is diagnosed with (a) lumbar strain, rule out disc herniation; (b)

left ankle sprain, rule out anterior talofibular ligament tear versus osteochondritis dissecans lesion; and (c) post-traumatic stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management; When to Discontinue Opioids; When to Continue Opioids; Opioids, Long-Term As.

Decision rationale: Evidence-based guidelines indicate that opioids are not recommended to be used in the chronic phase. If it is to be used in the long term, the clinical presentation and documentation should meet the criteria as outlined by evidence-based guidelines. Criteria for ongoing management with opioids include that the prescription must from a single provider and all prescriptions must be received from a single pharmacy. The lowest dose possible should be provided and there should be documentation of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) and use of drug screening. There should also be documentation of misuse of medications and continuing review of overall situation with regard to non-opioid means of pain control. Evidence-based guidelines further indicate that discontinuation of opioids should be done if there is no overall improvement in function unless there are extenuating circumstances. In order to continue opioid medication, the injured worker should have documentation that he has returned to work and has improved functioning and pain. In this case, the injured worker is noted to be using opioids in the long-term. However, documented pain levels are noted at 7-10/10 with no documentation of functional improvement. Based on these reasons, the medical necessity of the requested hydrocodone/ (acetaminophen) 7.5/325 milligrams #60 is not established.