

Case Number:	CM14-0131005		
Date Assigned:	08/20/2014	Date of Injury:	03/30/2006
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Medicine, 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 53 year old male who had a work related injury on 03/30/06. He fell off a roof and landed on both feet. X-rays revealed a displaced calcaneus fracture. He was initially treated with a short leg cast and recommended non-weight bearing status. The 1st CT scan of his right foot obtained in January of 2008 which showed a healed malunion of the calcaneus fracture with subtalar degenerative joint disease. In June of 2008, the injured worker underwent a subtalar fusion with internal fixation. He started physical therapy for 3 months following the surgery. In October of 2008, x-rays showed an incomplete fusion. On 07/07/11, the patient underwent a 2nd surgery consisting of a hardware removal and revision subtalar fusion with local bone graft. Physical therapy program was started approximately 2 weeks following surgery. X-rays were obtained in December of 2011 which he interpreted showing a solid fusion and recommended hardware removal. In January of 2012, the hardware removal was performed for his 3rd surgery. In April of 2012, there was a diagnosis of a nonunion of the revision fusion. A CT scan was subsequently performed on 07/27/12 which showed a nonunion of the revision subtalar fusion with severe degenerative joint disease with subtalar joint moderate degenerative joint disease. In November of 2012, he had his 4th surgery which consisted of a revision subtalar fusion, talonavicular arthrotomy, and partial excision of the navicular and talus. The injured worker had wound dehiscence postoperatively once again and was treated successfully with oral antibiotics and wound care. In February of 2012, x-rays of his lumbar spine revealed L5 spondylolysis bilaterally and a grade 1 spondylolisthesis. Neuro diagnostic studies were subsequently performed in May of 2012 which revealed a right L5 and S1 lumbar radiculopathy. Treatment for his lumbar spine has included medications, epidural steroid injections. The most recent documentation submitted for review is dated 08/07/14. The injured worker is back in for ongoing right foot and ankle pain. He states he is doing well with the medications that he is on.

He is on 4 Norco a day, Neurontin 300mg TID, and Relafen 750mg twice a day. Current medications are Norco, Neurontin, and Relafen. Diagnosis chronic right ankle and foot pain with multiple surgeries with the last one in November of 2012 for bone graft. He has had a total of 4 surgeries on the right ankle for a heel fracture. Chronic low back pain, right lower extremity pain, psoriatic skin disorder following his most recent right ankle and foot surgery. The current request is for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120n: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.