

Case Number:	CM14-0145308		
Date Assigned:	09/12/2014	Date of Injury:	10/20/2004
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 46 year old male who reported an injury on 10/20/2004. Mechanism of injury not provided. The injured worker had diagnoses of right ankle degenerative joint disease, fracture of the right ankle, osteomyelitis of ankle/foot, chronic pain, and traumatic arthropathy of lower leg. Past treatment included medications. Diagnostic studies and surgical history were not provided. The injured worker complained of pain to the right ankle rated 2-3/10 with pain medications and 7/10 without pain medications on 05/12/2014. The physical examination to the right ankle revealed reduced range of motion in planter flexion and dorsi-flexion and crepitus with range of motion. Medications included Motrin, and Norco. The treatment was for Norco 10/325mg, #180. The rationale for the request was not provided. The request for authorization was submitted 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Opioids for Chronic Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78..

Decision rationale: The injured worker complained of pain to right ankle 2-3/10 on the pain scale with pain medications and 7/10 on the pain scale without pain medications on 05/12/2014. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the pain assessment should include current pain on a VAS scale, average pain, intensity of pain, or longevity of pain relief. There was no mention of side effects. There is a lack of documentation indicating the injured worker has improved functioning and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norco10-325mg #180 is not medically necessary.