

Case Number:	CM14-0146250		
Date Assigned:	09/12/2014	Date of Injury:	07/10/2013
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 47-year-old male who reported an injury on 07/10/2013. The mechanism of injury occurred due to a fall. His diagnoses included status post open right ankle fracture with ORIF on 07/11/2013, malleolar fracture with plate and screws to the left tibia, and GI upset. The injured worker's past treatments included medication, a home exercise program, and 11 sessions of physical therapy as of 08/18/2014. His diagnostic exams included an x-ray of the right ankle, which revealed an ankle fracture. The injured worker's surgical history included a right open reduction and internal fixation to the ankle on 07/11/2013. On 08/18/2014, the injured worker complained of pain to the surgical site of the right ankle and difficulty walking. He also reported that after 11 of 12 physical therapy sessions, his range of motion increased and he was able to walk longer distances. He described his pain level as 5/10 that was constant. The physical exam revealed that there was tenderness to palpation over the lateral malleolus of the right ankle and there was decreased range of motion as well. The range of motion values included 18 degrees of extension, 28 degrees of flexion, 20 degrees of inversion, and 10 degrees of eversion. The injured worker's medications include Norco 5/325 mg, Naproxen, and Prilosec. The treatment plan includes the use of Norco 5/325 mg, Naproxen, and Prilosec. A request was received for Norco 5/325 mg #60. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-78.

Decision rationale: The request for Norco 5/325 mg, #60 is not medically necessary. The California MTUS Guidelines recommend opioid analgesics to relieve symptoms related to pain. The continuation of opioid therapy should be based on the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients. Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors should be documented to warrant the continued use of opioids. An adequate pain assessment should include quantitative measurable outcomes that include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Based on the clinical notes, the injured worker does not have any quantitative measurements prior to 08/18/2014 that indicate that Norco 5/325 mg was providing adequate efficacy. The injured worker stated that her pain medications provided 5 or more hours of relief and without her medications her pain was rated as 6/10. The ongoing usage of opioids is contingent on measurable data that indicates that the injured worker has improved quality of life and function. The clinical notes indicate that the medications enabled him to perform activities of daily living, improved his participation of home exercise therapy and improved his sleep pattern. However, none of these indications of "improvement" are documented using quantitative measurable outcomes. The efficacy of medications cannot be solely based on subjective reports. Additionally, the clinical notes failed to indicate that the injured worker was utilizing urine drug screens as recommended by the California Guidelines. Also, the request did not include dose and frequency. Due to lack of documentation indicating quantitative measurable data sets that indicate efficacy of the opioid medication and lack of indication that urine drug screens were being used to ensure proper usage of the medication, the request is not supported. Therefore, the request for Norco 5/325 mg, #60 is not medically necessary.