

Case Number:	CM14-0147229		
Date Assigned:	09/15/2014	Date of Injury:	04/25/2013
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/10/2014

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 and Rehabilitation 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 40-year-old female who reported an injury on 04/25/2013 due to repetitive walking up of stairs while employed at a juvenile institutional facility. The injured worker has diagnoses of calcaneal spur and Achilles tendinitis or bursitis. Past medical treatment consists of the use of hot and cold packs, joint wraps, the use of a CAM walker, physical therapy, flexible foot strap, cortisone injections, orthotics, and medication therapy. Medications include Lyrica 200 mg, Lyrica 100 mg, Norco, Tizanidine, and Pantoprazole. On 04/04/2014, the injured worker underwent a urinalysis which revealed that the injured worker was compliant with her medications. On 07/08/2014, the injured worker complained of left foot pain. The physical examination revealed that the injured worker had moderate swelling of the right ankle and severe swelling of the left ankle. There was no warmth over the joints. No erythema was noted over the joints. There was no crepitus in the joints and there was no tenderness to palpation. Range of motion was limited at the ankle due to pain. Left ankle dorsiflexion could not be measured due to limited range of motion. Right ankle dorsiflexion was 4/5. It was noted that the injured worker had allodynia to light touch. The treatment plan was for the injured worker to continue the use of Norco 10/325 mg. The provider felt the continuation of the medication was necessary to help manage levels of pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75 and 78.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Additionally, there should be an assessment which should include what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication. Additionally, there were no notations in the progress note showing what pain levels were before, during, and after medication administration. A drug screen was submitted on 04/04/2014 showing that the injured worker was in compliance with her medications. However, the documentation lacked any indication that the medication was helping with any functional deficits the injured worker might have had. The submitted documentation also failed to indicate any side effects the injured worker might be having. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request is not medically necessary.