

Case Number:	CM14-0148098		
Date Assigned:	09/18/2014	Date of Injury:	02/11/2014
Decision Date:	11/12/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for ankle pain reportedly associated with an industrial injury of February 11, 2014. Thus far, the claimant has been treated with the following: Analgesic medications; reported diagnosis of an ankle fracture; open reduction and internal fixation of said ankle fracture; and opioid agents. In a Utilization Review Report dated August 27, 2014, the claims administrator partially certified a request for Norco 10 mg #60 with one refill as Norco 10 mg #60 with no refills. The claims administrator did acknowledge that usage of Norco was appropriate in this applicant, who had apparently undergone an ORIF surgery on June 27, 2014 for a reported fracture nonunion. The claims administrator stated that the applicant should be reevaluated more frequently to ensure that medication usage was successful. The applicant's attorney subsequently appealed. In a May 29, 2014, progress note, the applicant reported persistent complaints of ankle pain. A healed incision line was appreciated with limited range of motion appreciated about the injured ankle. A surgical scar was noted about the medial malleolus. The applicant was asked to perform weightbearing as tolerated. There was no explicit discussion of medications efficacy, however. On June 24, 2014, the applicant's lower extremity surgeon expressed concern about the fracture nonunion and also asked the applicant to cease smoking. The remainder of the file was surveyed. The June 27, 2014, operative report on which the claimant apparently underwent surgery for the fractured non-union did not appear to have been incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg, #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen section. Page(s): 91,.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, states that Norco or hydrocodone-acetaminophen is indicated for "moderate-to-moderately severe pain." In this case, the applicant apparently underwent revision of an ORIF surgery to ameliorate a fracture non-union on June 27, 2014, the claims administrator reported in its Utilization Review Report. The applicant, thus, could reasonably or plausibly have been expected to have pain at the moderate-to-severe level on or around the date in question. Usage of Norco for postoperative/perioperative purposes was indicated to combat anticipated moderate-to-severe issues with postoperative/perioperative pain. Therefore, the request was medically necessary.