

Case Number:	CM14-0023213		
Date Assigned:	05/14/2014	Date of Injury:	11/23/2010
Decision Date:	08/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 64-year-old female with 11/23/10 date of injury. She slipped on black ice injuring her left ankle, which was repaired surgically. Post-op CT scan of 10/17/2011 indicates 2 small 4-5 mm bone fragments; 1 cm talar break and 5 mm plantar calcaneal spur are noted. Her diagnoses include degenerative joint disease of calcaneocuboid and talonavicular joint; compensatory low back pain; pes planovalgus left foot, possible subtalar arthritis, rule out talar fracture, left foot incomplete tarsal coalition (middle facet subtalar joint) with industrial aggravation. Records of ██████████ state that treatment included Norco, Voltaren gel and Restoril. Included progress reports state that left ankle pain level is rated at 10/10. Urine drug screens, one from 8/21/13 was positive for Hydrocodone and Tylenol, and another from 11/4/13 was positive for Hydrocodone and Oxycodone. The request is for Hydrocodone/APAP 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76,88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-80.

Decision rationale: There is insufficient documentation in the records of adequate analgesia, functional gains attributable to narcotic use, or any evidence of a pain contract. In addition, there are two urine drug screens, one from 8/21/13, positive for Hydrocodone and Tylenol. There is another subsequent screen from 11/4/13 which is positive for Hydrocodone and Oxycodone. The MTUS Guidelines state that prescriptions of narcotics should be from a single practitioner. For the reasons above, the request is not medically necessary.