

Case Number:	CM14-0099021		
Date Assigned:	07/28/2014	Date of Injury:	10/16/2007
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Medicine 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:

This patient is a 62 y/o female who has developed chronic foot and ankle pain subsequent to a DOI of 10/16/07. Her diagnosis includes osteoarthritis, bursitis, plantar fasciitis and digital neuromas. She is currently being treated with oral analgesics which include Hyrdocodone 5/325 BID prn, Naproxyn 550 BID prn and Neurontin. Her pain relief is rated to be 50% with medications. Historically, it is documented that her ADL's improve with medications. Due to a flare of pain she was recently placed on TTD. There are is no history of medication misuse or accelerated use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; criteria for continuati.

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

Decision rationale: MTUS Guidelines supports the judicious use of opioids when there are improvements in pain, function, and no misuse. Historically, it is clearly documented that there has been pain relief, functional support and no misuse. There has been a flare up of pain which

is the natural course of chronic painful conditions, but Guidelines do not recommend discontinuing successful medications due to a flare-up when the long term outcomes are not known. The Hydrocodone 5/325 is medically necessary.

Anaprox DS 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Anti-Inflammatory Medic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67.

Decision rationale: MTUS Guidelines supports the use of NSAID medications when there is medical condition of osteoarthritis and or inflammatory disease. This patients diagnosis includes several inflammatory processes and it is documented that her medications give 50% pain relief and historically they are supportive of continued function. It is documented that the Naproxyn is utilized on a as need basis. The Anaprox 550 DS BID is medically necessary.