

Case Number:	CM14-0075722		
Date Assigned:	07/16/2014	Date of Injury:	07/09/2011
Decision Date:	05/28/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old man sustained an industrial injury on 7/9/2011. The mechanism of injury is not detailed. Diagnoses include ankle/foot enthesopathy, left tibia/fibula fracture, residual fracture site pain, focal multiple mononeuropathies of the sensory nerves of the distal left lower extremity, and impaired sleep due to chronic pain. Treatment has included oral medications, walking boot, crutches, and ankle brace. Physician notes dated 4/18/2014 left ankle and foot MRI, Xartemis, Nucynta, Celexa, Norco, Pennsaid solution, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic left lower extremity pain after an injury to the ankle. When seen, medications are referenced as providing 50% pain relief or more. Medications being prescribed were Nucynta and Norco at a total MED (morphine equivalent dose of less than 70mg per day. The plan was to change Norco to Xartemis. Norco was prescribed again in case the medication was not available. The total MED prescribed when seen was approximately 112mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and the claimant's medications were providing pain relief. The total MED was less than 120mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Xartemis 7.5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints; Opioids, criteria for use; Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic left lower extremity pain after an injury to the ankle. When seen, medications are referenced as providing 50% pain relief or more. Medications being prescribed were Nucynta and Norco at a total MED (morphine equivalent dose of less than 70mg per day. The plan was to change Norco to Xartemis. Norco was prescribed again in case the medication was not available. The total MED prescribed when seen was approximately 11 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Xartemis is extended release oxycodone HCL and acetaminophen. A sustained release combination formulation and would be used to treat baseline pain which was present in this case. When prescribed, there were no identified issues of abuse or addiction. The total MED was less than 120mg per day consistent with guideline recommendations. Therefore, the prescribing of Xartemis was medically necessary.