

Case Number:	CM15-0011974		
Date Assigned:	01/29/2015	Date of Injury:	04/27/2010
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male with an industrial injury dated 04/27/2010. He presents on 12/11/2014 with increasing complaints of right ankle pain rated as 6 without the use of his medications and reduces to a 4 with the use of medications. Physical exam noted antalgic gait. Ankle range of motion was limited. The record dated 12/11/2014 is the only record available in the submitted records for this review. X-rays of the tibia and fibula done on 01/28/2014 were read as demonstrating a healed distal tibia fracture, previous distal tibial plate has been removed, residual fibular plate in good position without loosening and a single leg screw in the distal third tibia anterior and posterior without loosening or problem. Prior treatments include urine drug screen collected 11/19/2014. Diagnosis included status post open reduction and internal fixation of right distal tibia/fibula fracture, post traumatic right ankle degenerative joint disease, status post hardware removal of medial distal tibia hardware 10/04/2013. On 12/24/2014 utilization review denied the request for Norco 5/325 mg 1-2 tab by mouth every day # 60. Guidelines are not cited in the UR submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids. Hydrocodone-Acetaminophen Page(s): 76-78, 90.

Decision rationale: This patient presents with right ankle pain. The patient is status post removal of medial distal tibia hardware from 10/04/2013. The treater is requesting NORCO 5/325 MG, QUANTITY #60. The RFA was not made available for review. The patient's date of injury is from 04/27/2010 and his current work status is permanent and stationary. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The 12/11/2014 report shows that the patient's pain without medication is 6/10 and 4/10 with medication. The records do not show any history of Norco use. His current list of medications includes Protonix, Anaprox, hydroxyzine, and paroxetine. In this case, given the patient's chronic pain, a trial of Norco is reasonable. The request IS medically necessary.