

Case Number:	CM15-0012957		
Date Assigned:	01/30/2015	Date of Injury:	09/10/2006
Decision Date:	03/27/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/22/2015

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, Arizona

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 47-year-old male who reported an injury on 09/10/2006. The mechanism of injury was a fall. His diagnosis is noted as foot deformity, acquired, left. His past treatments were noted to include medications, surgery, and activity modification. During the assessment on 02/02/2015, the injured worker complained of his left foot deformity. It was noted that after his injury, the injured worker underwent spine surgery, and the femur was stabilized with an ex-fix. He underwent definitive retrograde IMN of the left femur, as well as a revision spine surgery of the L2-S1 fusion with L4. It was noted that since his surgery, the injured worker has continued to have numbness and weakness in his left foot with progressive varus deformity. He indicated that he had mild/occasional pain with severe limitation of daily and recreational activities. It was noted that he was subsequently nonweight bearing and has used a wheelchair for mobilization over the past year. The physical examination revealed, he injured worker stood with a varus hind foot alignment. His alignment was poor, nonplantigrade foot with severe malalignment symptoms. There was no evidence of infection. The range of motion testing revealed sagittal motion as severe restriction, less than 15 degrees, and hind foot motion with marked restriction, less than 25% of normal. The treatment plan was to recommend operative treatment, given the extent of his deformity. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for 1 prescription of Norco 10/325mg #200 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how it takes for pain relief and how long the pain relief lasts. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.