

Case Number:	CM15-0116157		
Date Assigned:	06/26/2015	Date of Injury:	07/11/2011
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: Emergency Medicine

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 45 year old female who sustained a work related injury July 11, 2011. Past history included s/p procedure x 2 and debridement x 1 with removal of screw (unspecified), s/p gastric bypass 2012, Raynaud phenomenon hands (non-industrial), recurrent herpes zoster outbreaks 4/7/15 (non-industrial). According to the most recent primary treating physician's progress report, dated April 28, 2015, the injured worker presented with continued right ankle and foot pain with swelling. She also reports right knee and hip pain. Objective findings included swelling and tenderness of the right ankle, particularly laterally and tenderness of the right knee. Anteflexion of the trunk on the pelvis allows for 60 degrees of flexion, extension 10 degrees, rotation to the left and right, 20 degrees. There is some tenderness along the right iliac crest and right trochanteric tenderness. Diagnoses are chronic right ankle and foot pain, s/p right foot and ankle trauma, s/p surgical procedure x 2 and debridement procedure x 1 with removal of a screw x 1; s/p fall March 27, 2015; chronic knee and hip sprain; chronic lumbar back pain with mild bulge L4-L5; chronic headaches; chronic neuropathic pain, right foot. At issue, is a request for authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, 120 count with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 76 - 80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation appears appropriate except for a lack of documentation of pain. There is no documentation of visual analogue scale provided. Progress notes states that a VAS was done but no results and improvement with medication was provided for review. Without documentation of improvement in pain, norco cannot be recommended as per MTUS guidelines.