

Case Number:	CM15-0119998		
Date Assigned:	07/22/2015	Date of Injury:	06/09/1993
Decision Date:	09/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 59 year old male patient, who sustained an industrial injury on June 9, 1993. The mechanism of injury was a crush injury to the right foot. The diagnoses have included chronic right foot pain secondary to a crush injury, diabetic neuropathy, obesity and chronic pain syndrome. Per the doctor's note dated 7/27/2015, he had complaints of right foot pain. The physical examination revealed a left below knee prosthesis, a trace right patellar and Achilles DTRs, decreased sensation in the right foot and 1+ edema above the ankle. Per the doctor's note dated June 2, 2015, he had complaints of severe right foot pain. Examination of the right foot revealed no ulcers, lesions or planter calluses, no significant deformities noted. He continued to have pain across the top of the foot. The patient was noted to be wearing over-the-counter athletic shoes with a foam insert. The medications list includes gabapentin, ambien, norco, atorvastatin, losartan, amlodipine, insulin and aspirin. Patient has tried tramadol, lyrica and gabapentin. Treatment and evaluation to date has included medications, radiological studies, injections, molded shoes, custom inserts and physical therapy. The patient was not working. The patient was also noted to have had a non-industrial related left below the knee amputation on 2/6/2015 due to osteomyelitis and methicillin-resistant staphylococcus aureus. The treating physician's plan of care included a request for Norco 10/325 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Opioids, Short-acting opioids Page(s): 74-96.

Decision rationale: Under review: Norco 10/325mg #30. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Patient has history of significant injury, right foot crush injury. Patient had ongoing pain and disability associated with injury to the right foot. He has objective findings on the physical examination, a left below knee prosthesis, a trace right patellar and Achilles DTRs, decreased sensation in the right foot and 1+ edema above the ankle. He has a history of left "below knee" amputation. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Patient has tried lyrica, gabapentin (non opioid medications) and tramadol. Therefore, based on the clinical information obtained for this review the request for Norco 10/325mg #30 is medically necessary for this patient at this time for prn use.