

Case Number:	CM15-0120531		
Date Assigned:	07/01/2015	Date of Injury:	08/02/2014
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 39 year old male who sustained an industrial injury on 08/02/2014. He reported a right foot injury that became infected and was later amputated below the knee. The injured worker was diagnosed as having: Right below-knee amputation on 06/23/2014 for crush injury to the right foot; History of crush injury of the right foot at work status post incision and drainage; History of right transmetatarsal amputation 08/08/2014; Status post osteomyelitis of the right foot; Status post necrosis of the right forefoot; postoperative anemia; right below the knee stump pain; Phantom pain; Diabetes mellitus. Treatment to date has included surgery, prosthetic devices, pain medications, psychiatric counseling, and comprehensive inpatient rehabilitation. Currently, the injured worker complains of a skin irritation of the right below the knee stump. Current medications include Norco, Colace, Gabapentin, and Voltaren gel. On exam there were noted skin lesions at the right thigh. There was no leg edema on the left side. No focal weaknesses were noted. A request for authorization was made for the following: 1. Norco 10/325 MG #30 2. Outpatient FCE 2 Sessions with A Total of 5 Hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for leg pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325 MG #30 is not medically necessary.