

Case Number:	CM15-0123146		
Date Assigned:	07/07/2015	Date of Injury:	02/26/2014
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: Arizona, 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:

The injured worker is a 62-year-old male who sustained an industrial injury on 2/26/2014 resulting in left ankle pain and swelling. The injured worker was diagnosed with a calcaneus fracture to the left ankle. Treatment has included open reduction and internal fixation of left calcaneus and left subtalar joint arthroscopy, medication, physical therapy, cortisone injection, stabilization, TENS unit, and home exercises, all of which he had reported to reduce pain and enhance mobility. He reinjured left ankle 4/26/2015 and reports moderate pain and swelling with a diagnosis of probable left ankle sprain. The treating physician's plan of care includes Norco and MRI of the left ankle without contrast. Most current work status is not shown in documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Left Ankle without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot: MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: According to the guidelines, an MRI is recommended if x-rays show effusion >13 mm. In this case prior x-rays of the ankle showed healed calcaneal fractures and degenerative changes in the subtalar joint. The claimant had a prior ORIF. There was tenderness in the left sinus tarsi but no indication for effusion. The request for an MRI of the ankle is not medically necessary.

Unknown Prescription for Norco: 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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol previously. Pain scores were not noted. The claimant was on NSAIDS as well. Justifications for opioids were not made. The request for Norco is not justified and not medically necessary.