

Case Number:	CM15-0174082		
Date Assigned:	09/15/2015	Date of Injury:	08/25/2011
Decision Date:	10/15/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on 8-25-11. Progress report dated 7-29-15 report continued complaints of right heel pain. The pain is rated 8 out of 10 without medication and 4-5 out of 10 with medication. Medication helps to perform activities of daily living and increase his level of function. Diagnoses include: partial resolving avulsion injury of the right foot heel pad, traumatic plantar fasciitis and pes planus, possible early causalgia and chronic vascular change discoloration both feet. Plan of care includes: follow up in 6 weeks, refill Norco 10-325 mg 1 three times per day #90, continue use of creams. Work status: permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for right heel pain after sustaining a de-gloving injury. Medications are referenced as decreasing pain from 8/10 to 4-5/10 and allowing for performance of activities of daily living and improved function. When seen, physical examination findings included right heel tenderness with tenderness over the plantar fascia. There was soft tissue swelling at the insertion of the Achilles tendon. Norco had been prescribed at a total MED (morphine equivalent dose) of 40 mg per day and the dose was being weaned. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations and weaning to the lowest effective dose had been attempted. The request is appropriate and is medically necessary.