

Case Number:	CM15-0027406		
Date Assigned:	02/19/2015	Date of Injury:	02/26/2003
Decision Date:	04/02/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 46 year old male, who sustained an industrial injury, February 26, 2013. The injury occurred when the injured worker stepped off a platform and the foot got caught in a hole and the injured worker twisted the left ankle. The injured worker sustained a fracture and was placed in a cast. The injured worker had surgery for removal of an accessory navicular bone and fusion. The injury had another surgery for removal of the hardware from the fusion. The physical exam noted the injured worker walked with a limp which was affecting the left knee. According to progress note of February 11, 2015, the injured workers chief complaint was left foot and left ankle pain. The pain was aggravated by walking, kneeling, twisting, and walking on uneven surfaces. The injured worker walks with a cane. The injured worker rates the pain at 5-6 out of 10; 0 being no pain and 10 being the worse pain. The pain medication reduces the pain level by 60%. The decrease in pain improves function and allows the injured worker to work part-time. The random urine toxicology screening was negative. The injured worker was diagnosed with chronic left ankle and foot pain and neuropathic pain of the left ankle. The injured worker previously received the following treatments of 4 surgeries, gabapentin, Norco, Nabumetone-Relafen, MRI of the left ankle and random urine toxicology screening. On December 22, 2014, the primary treating physician requested authorization for one prescription for Hydrocodone APAP 10/325mg #60. On January 17, 2015, the Utilization Review denied authorization for one prescription for Hydrocodone APAP 10/325mg #60. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

Decision rationale: Hydrocodone-APAP 10/325mg #60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for continued use of Hydrocodone-APAP 10/325mg is not medically necessary.