MAXIMUS Federal Services

Case Number:	CM15-0073193		
Date Assigned:	04/23/2015	Date of Injury:	12/18/2007
Decision Date:	05/26/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: California, North Carolina
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 46-year-old female who sustained an industrial injury on 12/18/2007. Diagnoses include reflex sympathetic dystrophy of the lower extremity and joint pain in the ankle and foot. Treatment to date has included diagnostic studies, left ankle surgery times 4, jaw surgery and left knee surgery, medications, functional rehabilitation program, outpatient rehabilitation, acupuncture, sympathetic blockade, a trial of spinal cord stimulation, crutches, swimming exercise, meditation, home exercise program, and daily stretching. A physician progress note dated 03/19/2015 documents the injured worker was seen for her lower extremity centralized complex regional pain syndrome. She was taking Suboxone with success until coverage was denied. She was then temporarily prescribed Norco for her symptoms in January 2015 with the exception she would eventual re-start Suboxone. She restarted the Suboxone and had an allergic reaction. Suboxone was then stopped. She was restarted on Norco, which helped with the withdrawal symptoms but her pain is worse and inhibits her for performing her activities of daily living, home exercise program and sleeping. Treatment requested is for Norco 10/325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

Decision rationale: This claimant injured the left lower extremity in 2007 and was subsequently diagnosed with reflex sympathetic dystrophy of the left lower extremity and chronic left ankle and foot pain. The request is for Norco 10/325 mg #120. The CA MTUS states that opioids such as Norco are recommended for moderate to moderately severe pain. The medical records submitted indicate that the claimant is not receiving functional benefit from the Norco. The claimant is on first-line chronic pain medications (Celexa, Gabapentin) for pain control, however there is no evidence that the dosages have been increased in order to achieve better efficacy and functional improvement. Therefore, this request is deemed not medically necessary.