

Case Number:	CM15-0091715		
Date Assigned:	05/18/2015	Date of Injury:	10/20/2012
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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
 Certification(s)/Specialty: Emergency 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 50-year-old female who sustained an industrial injury to her left great toe on 10/20/2012. Diagnoses include entrapment neuropathy of the lower limb, foot pain and encounter for long-term use of other medications. Treatment to date has included medications, physical therapy, TENS, CAM walker boot, post-op shoe, cortisone injections, home exercise and acupuncture. She was seen by a psychologist. According to the progress notes dated 4/10/15, the Injured Worker reported acute bilateral hip pain, worse on the left. Samples of Lyrica were given due to withdrawal symptoms; she reported Lyrica helped the neuropathy pain in her foot. She indicated her pain was 9/10, 7/10 at its best, 10/10 at its worst, 5/10 with medications and 10/10 without them. In the Agreed Medical-Legal Evaluation, it was noted that in July 2013, the Injured Worker had weaned herself down to one Norco tablet a day. She reported no benefit from the Norco. On examination, her gait was antalgic and she appeared anxious, depressed, fatigued, in moderate pain and tearful. A request was made for Norco 10/325mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (1 tablet a day 30 tabs/month): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg (1 tablet a day 30 tabs/month) is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral hip pain, worse on the left. Samples of Lyrica were given due to withdrawal symptoms; she reported Lyrica helped the neuropathy pain in her foot. She indicated her pain was 9/10, 7/10 at its best, 10/10 at its worst, 5/10 with medications and 10/10 without them. In the Agreed Medical-Legal Evaluation, it was noted that in July 2013, the IW had weaned herself down to one Norco tablet a day. She reported no benefit from the Norco. On examination, her gait was antalgic and she appeared anxious, depressed, fatigued, in moderate pain and tearful. The treating physician has documented a weaning program bringing the current Norco dosage to once a day. The criteria noted above having been met, Norco 10/325mg (1 tablet a day 30 tabs/month) is medically necessary.