

Case Number:	CM15-0092622		
Date Assigned:	05/19/2015	Date of Injury:	04/13/2014
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 is a 44 year old male, who sustained an industrial injury on 04/13/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having a foot injury. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right ankle, occupational therapy, medication regimen, physical therapy, use of water socks, and use of walking sticks. The progress note from 03/03/2015 reported complaints of right foot pain. In a progress note dated 04/06/2015 the treating physician reports persistent difficulty with ambulation. The injured worker's current medication regimen included Flexeril and Norco. Medical records provided noted prior use of the medication Norco for pain management, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of this medication and after use of this medication to indicate the effects with the use of Norco. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of Norco. The treating physician requested Norco 10/325mg with a quantity of 90 to be used as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminopen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain and function as required by MTUS guidelines. There is not even any documentation of basic pain scale. There is no long-term plan for opioid use, and no documentation of assessment of abuse or side effects. Poor documentation fails to support continued opioid therapy. Norco is not medically necessary.