

Case Number:	CM15-0096167		
Date Assigned:	05/26/2015	Date of Injury:	06/24/2002
Decision Date:	06/24/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 (IW) is a 43-year-old male who sustained an industrial injury on 06/24/2002. Diagnoses include right ankle pain, right foot pain and status post right ankle surgery. Treatment to date has included medications, physical therapy, CAM walker boot, cortisone injections and home exercise program. According to the treating physician's progress notes dated 3/30/15, the IW reported constant, moderate to severe right ankle pain radiating into the low back, leg, knee and foot, which was worse since his last office visit. He rated his pain 2-3/10 on average with medications and 8/10 on average without medications. He reported his pain is improved with his prescribed medications, ice and activity modification. Previous cortisone injections were helpful for greater than two months. On examination, there was mild swelling and tenderness in the right ankle. The IW was given a prescription for a one-time Naloxone emergency kit on 2/2/15. The records reflected the IW was taking Norco since at least August 2014. He was working full-time without restrictions. A request was made for Norco 10/325mg, #120 with 2 refills. A urine drug screen performed on November 13, 2014 was negative for all controlled substance medication. A progress report dated December 15, 2014 states that hydrocodone allows the patient to work. Informed consent was also documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 + 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325mg #120 + 2 refills, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco 10/325mg #120 + 2 refills is medically necessary.