

<b>Case Number:</b>	CM14-0129948		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year old female who had a work related injury on 12/15/11, mechanism of injury was not described. Most recent clinical documentation submitted for review was dated 07/28/14. She stated she was getting a burning and numbness sensation in right foot. She did not want to have another corticosteroid injection. It only helped for three or four days. She stated that she was scheduled for an MRI on 07/24. Physical examination the patient had pain on palpation of second and third interspace of the right foot. There was pain with medial and lateral compression. There was also pain in the dorsal aspect of the foot and around the lateral aspect of the ankle with soft tissue swelling. There was mid arch area pain. She had an abductive, antalgic gait. Diagnoses are neuroma, third interspace of the right foot, difficulty walking, pain in joint and ankle and foot. Patient had injections with cortisone, 4% alcohol sclerosing injection, and strapping of her foot. Prior utilization review on 08/11/14 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Norco 10/325mg (3 refills): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, 90 tablets of Norco 10/325mg (3 refills) are not medically necessary.