

<b>Case Number:</b>	CM14-0171489		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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:

This is a 55-years male patient who sustained an injury on 7/11/12. He sustained the injury while pushing a lawn mower; he twisted his right ankle on the turn resulting in a sprain. Per the doctor's note dated 9/19/14 he had complaints of right foot and ankle pain. Physical examination revealed antalgic gait, right lower extremity-hypersensitivity and allodynia, 4/5 strength with pain, limited range of motion on all planes secondary to pain. The medications list includes Norco, Omeprazole, Diclofenac, Gabapentin and Terocin patches. He has had a right foot MRI dated 1/31/2014 which revealed a tiny chondral fissure on the plantar aspect of the first metatarsal head; right ankle MRI dated 1/31/14 which revealed scarring of the anterior talofibular and calcaneofibular ligaments compatible with chronic sprain, inframalleolar peroneus brevis and posterior tibialis tendinosis and no discrete tendon tear. He has undergone right ankle arthroscopic debridement and right peroneal brevis and longuostenosynovetomy on 3/15/13. He has had physical therapy visits for this injury. He has had urine drug screen report on 3/19/14 with negative results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation  
Official Disability Guidelines (ODG) Chapter: Pain (updated 10/30/14) Opioids, criteria for use

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #90 is not established for this patient.