

<b>Case Number:</b>	CM14-0186072		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 10/08/2008. The mechanism of injury was a fall. His diagnoses include left ankle pain with swelling. His past treatments include work restrictions, medications, physical therapy, use of a TENS unit, and acupuncture. The diagnostic studies were not provided. His surgical history includes a talus rebuild for osteochondritis dissecans on 10/02/2009. On 09/30/2014, the injured worker presented with right ankle pain and swelling. He rated his pain 3.5/10 and reported increased functioning and abilities to perform activities of daily living. The objective findings revealed his neurological motor and sensory to be grossly intact. Additionally, the most recent pain contract was 02/11/2014, the last urine drug screen was on 01/04/2012, and the last CURES was obtained on 02/06/2014. Current medications include Celebrex, gabapentin, and Norco. The treatment plan was noted to include a referral to a pain specialist, and prescription refills for Norco, Celebrex, and gabapentin. A request was received for Norco 10/325 #240. A rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325 #240 is not medically necessary. The California MTUS Guidelines recommend documented monitoring for ongoing use of opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially or nonadherent drug related behaviors. The documentation submitted for review did indicate a pain contract was last initiated on 02/11/2014, a urine drug screen was completed on 01/04/2012, and the last CURES was obtained on 02/06/2014. However, there was insufficient documentation to show objective pain relief, function improvement, a discussion of side effects, and a recent urine drug screen to monitor for medication compliance and illicit drug use. Furthermore, the request did not indicate the correct dosage and a frequency in which the medication was prescribed. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for Norco 10/325 #240 is not medically necessary.