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| <b>Case Number:</b>   | CM14-0063947 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 08/16/2010 |
| <b>Decision Date:</b> | 09/17/2014   | <b>UR Denial Date:</b>       | 04/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2014 |

### 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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 40-year-old male who reported an injury on 08/16/2010 due to a slip and fall. The injured worker reportedly sustained an injury to his low back, right knee, right ankle, and right foot. The injured worker's treatment history included medications, physical therapy, and acupuncture. The injured worker ultimately developed right-sided complex regional pain syndrome. The injured worker was evaluated on 03/17/2014. The injured worker's diagnoses included complex regional pain syndrome, degenerative lumbar intervertebral disc disease, sprain of the knee, sprain of the ankle, and injury of the ankle. Physical findings included a depressed, flat affect. The injured worker also had an absent Achilles deep tendon reflex bilaterally and increased sensation of the right lower extremity and decreased sensation of the left lower extremity. It was also noted that the injured worker had edema that was not considered pitting of the right lower extremity. The injured worker's medications included Norco 10/325 mg, gabapentin 300 mg, and Cymbalta 300 mg. A request was made for refill of medications and an ultrasound of the right lower extremity. It was also recommended that the injured worker see an internal medicine physician and undergo a bone scan. A Request for Authorization form dated 04/02/2014 was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with 2 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, On-Going Management Page(s): 78.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior. Furthermore, there is no quantitative assessment of pain relief or documentation of increased functionality to support the efficacy of this medication. It is noted within the documentation that the injured worker has been taking this medication since at least 01/2014. However, a significant decrease in pain levels is not established. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Additionally, the request is for 2 refills. This does not allow for timely re-evaluation and documentation of the injured worker's response to this medication to support continued use. As such, the request of Norco 10/325mg #90 with 2 refills is not medically necessary and appropriate.