

<b>Case Number:</b>	CM14-0065260		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a right forefoot crush injury on 07/31/03. She underwent a right hallux interphalangeal joint fusion for post-traumatic arthritis. She continues to be treated for chronic right foot pain with diagnoses of tarsal tunnel syndrome, metatarsalgia, and posttraumatic arthropathy. She is weight bearing as tolerated with an ankle foot orthosis if needed. She was seen by the requesting provider on 12/11/13 with ongoing foot pain. She was noted to wear sandals and was using a cane. She was having right-sided medial and plantar pain with episodes of pain occurring with weight bearing activities. The patient's medications were Norco 10/325 mg #120, ibuprofen 600 mg three times per day #90, and Wellbutrin SR 200 mg #30. A physical examination's findings included use of a cane. There was pain over the right tarsal tunnel, posterior tibial tendon, and medial plantar nerve. On 01/22/14 she was having ongoing foot pain and hypersensitivity. She was noted to use Birkenstock shoes every day. The medications were continued. On 03/05/14 she was having unpredictable flare ups of symptoms. There was decreased sensation as well as hyperalgesia over the dorsal and plantar aspect of the right foot. On 04/16/14 she was having increased foot pain and had been seen in an Emergency Room. Her medications had not been changed. There was hypersensitivity and increased temperature. On 05/28/14 she had ongoing dysesthesias with numbness and she felt fatigued. Physical examination findings included paresthesias over the dorsal and plantar aspect of the right foot and right toes. The assessment references use of Lidoderm to decrease the amount of narcotic medications. She was to exercise as tolerated using a cane or brace if needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 Qty 120:** Overturned

**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, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant has a remote history of a right forefoot crush injury and continues to be treated for pain including neuropathic pain and pain due to post traumatic arthritis. The claimant appears to have somewhat predictable activity-related breakthrough pain (i.e. incident pain) when standing and walking which is consistent with her history of injury and clinical presentation. Norco 10-325 is a short-acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Norco 10-325 was medically necessary.

**Ibuprofen 600 mg Qty 90 refills 5:** Overturned

**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 NSAIDs, specific drug list & adverse effects Page(s): 67-72.

**Decision rationale:** The claimant has a remote history of a right forefoot crush injury and continues to be treated for pain including neuropathic pain and pain due to post traumatic arthritis. The guidelines recommend the use of non-steroidal anti-inflammatory medications with caution as an option in the treatment of chronic pain including pain from osteoarthritis. The requested dosing of 600 mg three times per day is within the recommended dosing for ibuprofen which is 400-800 mg by mouth 3-4 times a day. Therefore, the requested ibuprofen is medically necessary.

**Wellbutrin SR 200mg tablet 60 x 2 refills:** Overturned

**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 Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The claimant has a remote history of a right forefoot crush injury and continues to be treated for pain including neuropathic pain and pain due to post traumatic

arthritis. Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Wellbutrin (Bupropion) is a noradrenaline and dopamine reuptake inhibitor that has been shown to be effective in relieving neuropathic pain of different etiologies. The recommended dosing when treating neuropathic pain of up to 200 mg twice daily is being requested. Therefore, Wellbutrin was medically necessary.