

<b>Case Number:</b>	CM14-0075582		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 55-year-old male who reported injury on 09/22/2012. The mechanism of injury was the injured worker was hammering a piece of rear frame of scraper to the floor. As the injured worker swung both arms, the lifting device broke, causing the floor of the scraper to fall down which was approximately 4000 to 6000 pounds. The injured worker was struck in the left rib cage and hip area and it pinned his foot. The injured worker required surgical intervention including an open reduction and internal fixation of the fracture. Diagnoses included status post open reduction and internal fixation of the left ankle, fracture of the left fibula, and fracture of calcaneus as well as a left knee meniscal tear and left hip bursitis. The documentation of 02/25/2014 revealed the injured worker had previously been treated with physical therapy and CAM boot. The injured worker had no change in functional status. The injured worker had pain and difficulty ambulating. The documentation indicated the injured worker had been utilizing the medication since at least 09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. There was a lack of documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Norco 10/325 mg #60 with 1 refill is not medically necessary.