

<b>Case Number:</b>	CM14-0082388		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 46-year-old female who reported an injury 07/03/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 04/11/2014 indicated diagnoses of status post right ankle surgery and complex regional pain syndrome of the right foot and ankle. Injured worker reported achy, sharp pain to the right ankle rated at 5/10. She reported the pain decreased since her last visit. It was reported to be complaints of low back pain had also decreased due to her medications. It was reported to be no improvement in her ongoing symptoms and the injured worker reported that she had been taking her medications regularly and tolerated them well. The injured worker reported her medications had helped her with pain and denied having seen any physicians or having had any diagnostic studies done since her last visit. On physical examination, there was antalgic gait to the right and walked with a cane. The injured worker was unable to perform the heel toe walk on the right and with difficulty on the left. The examination of the lumbar spine range of motion was decreased. The lower extremity examination revealed hyperhidrosis with moderate redness over the lateral aspect of the right foot with moderate to severe allodynia along the right foot and ankle primarily down to the lateral malleolus to the small toe. It was noted to be swelling of the right foot. The range of motion was decreased at plantarflexion, eversion, and inversion on the right side. The lower extremity muscle testing was decreased and the injured worker's reflexes for the ankle on the right was 1+. Treatment plan included consider spinal cord stimulator trial, refill of Norco and Flexeril, undergo a urine screening test, followup in 4 to 6 weeks. The Clinical Note dated 05/15/2014 indicated the injured worker was seen on 11/13/2013 and reported continued severe right ankle pain and was prescribed and dispensed 120 Norco pills. The injured worker was then seen the next day on 11/14/2013 and prescribed and dispensed 180 Norco pills in the same office. The report also indicated the injured worker was contacted by the office of the physician

to return the pills that he dispensed to the injured worker and the injured worker agreed but never returned the medication. The report further indicated the injured worker was mailed a refill for Norco 120 pills on 11/08/2013, 12/05/2012, and 01/09/2014. The Clinical Note indicated the injured worker was last seen by that physician 07/17/2013 but the physician had continued to refill medications for up to 6 months by mail. The provider noted that the injured worker had received medications from all 3 doctors at the same time at the rate of 420 pills per month. The Clinical Note reported the injured worker was not given any other nerve block injections that were recommended for her pain and authorized 2 of the providers will no longer see the injured worker. The Clinical Note indicated that the injured worker would not show up for appointments with 1 of the providers on 01/08/2014 and 01/22/2014. In addition, the injured worker did not show for appointments with another provider on 12/12/2013, 01/23/2014. Prior treatments included diagnostic imaging and surgery and medication management. Medication regimen included Norco and Flexeril. The provider submitted a request for Norco and a UA screening. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORCO 10/325 MG # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s): 91; 78.

**Decision rationale:** The request for Norco 10/325 mg # 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, this medication was modified on 05/12/2014 to wean the injured worker. The provider has had ample time to allow for weaning. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

**UA SCREENING:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The California MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the

aberrant behavior and opioid monitoring to rule out non-compliant behavior. The documentation submitted indicated the injured worker had a urine drug screen 11/14/2013 and screening was negative for all medications. It was noted the rationale for urine drug screens is for medication compliance. There is clinical information indicating the injured worker is at risk for medication misuse and has displayed aberrant behaviors. Thus, the request for a UA screening is medically necessary and appropriate.