

<b>Case Number:</b>	CM14-0089344		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, 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 48-year-old female who reported an injury on 12/01/2007. The mechanism of injury was not provided for clinical review. The diagnoses included right ankle pain, right ankle impingement, status post arthroscopic synovectomy and excision, status post right ankle superficial peroneal neurolysis. Previous treatments included medication. Within the clinical note dated 03/10/2014, it was reported the injured worker complained of foot pain and right leg pain. She also complained of low back pain. She rated her pain 9-10 out of 10 in severity without pain medication and 8 out of 10 with pain medication. Upon the physical examination, the provider noted the injured worker had limited active range of motion of the right ankle joint with ankle dorsiflexion at 0 to 5 degrees and plantar flexion at 0 to 20 degrees. The provider requested for Norco. The provider noted the injured worker's pain is somewhat better with Norco. The request submitted is for Norco 10/325. The Request for Authorization form was submitted on 03/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325, #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidence by significant objective functional benefit. The injured worker has been utilizing the medication since at least 12/2013. The provider failed to document an adequate and complete pain assessment. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.