

<b>Case Number:</b>	CM14-0096754		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family 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 patient is a 49-year-old male who was injured on 8/18/2011 after falling approximately 6 stories injuring his bilateral feet and ankles. He underwent bilateral calcaneal ORIF (open reduction and internal fixation) on 8/30/2011. His most current diagnoses include bilateral ankle posttraumatic arthritis and multiple claw toes. Surgery was recommended in July of 2013, but it is noted that the patient wished to defer the recommended left ankle fusion and claw toe surgery. At that time he was treated with a high top shoe/Arizona brace. Physical exam on 5/21/2014 revealed tenderness over the anterior aspect of the ankle with reduced range of motion. Fixed hammertoes were noted. He had been receiving period refills of Norco since his injury until January of 2014 when a refill was denied secondary to lack of documentation regarding urine drug screens, patient's pain level and functional ability. A peer review physician on 06/14/2014 again denied a medication refill for Norco. This peer review physician observed that there was no mention of a pain management contract in the provided records. On review of the documentation that has been provided for this independent medical review there is still no documentation of urine drug screen results nor is there any mention of a pain management contract between the treating physician and patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 122-124.

**Decision rationale:** In accordance with California Chronic Pain MTUS guidelines, a pain management agreement/contract is recommended. MTUS guideline recommends the following regarding drafting this agreement: "This plan should be signed and dated and placed in the patient's chart, and include the following:(1) Goals of therapy, (2) Only one provider gives prescriptions, (3) Only one pharmacy dispenses prescriptions, (4) There will be a limit of number of medications, and dose of specific medications, (5) Medications are not to be altered without the prescribing doctor's permission, (6) Heavy machinery and automobile driving is not to occur until drug-induced sedation/drowsiness has cleared, (7) Refills are limited, and will only occur at appointments, (8) Treatment compliance must occur for all other modalities enlisted, (9) Urine drug screens may be required, (10) The patient must acknowledge that they are aware of potential adverse effects of the use of opioids including addiction, (11) Information about opioid management can be shared with family members and other providers as necessary, (12) If opioid use is not effective, the option of discontinuing this therapy may occur, (13) The consequence of non-adherence to the treatment agreement is outlined." The medical records that have been provided simply state that the patient has been receiving periodic refills of Norco, but there is no documentation that states that he has signed a pain management agreement as is recommended for the management of chronic pain. No urine drug screen results have been provided or discussed. Likewise, the requested Norco medication refill (10/325mg tablets, quantity #90) is not medically necessary.