

<b>Case Number:</b>	CM14-0112005		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/11/2007
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

### 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 59 year old male who had a work injury dated 11/11/07. The diagnoses include right ankle chronic regional pain syndrome; right ankle trimalleolar fracture, status post right ankle open reduction internal fixation of trimalleolar fracture, right ankle degenerative joint disease talotibial joint; right knee mild derivate capsular sprain and synovitis. Under consideration is a request for Norco 7.5/325 mg #60 Supply 30 Days. A 5/29/14 pain management progress report indicates that the patient rates his pain level today as a 9/10 due to cold weather and that it varies between a 3-7. On exam he cannot heel and toe walk. There is a frequent limp and he cannot perform a heel toe walk. He takes Ibuprofen and Vicodin. He continues to have severe pain. The treatment course states that his Norco 7.5mg/325mg #90 will be refilled and Gabapentin added. There is a 12/19/13 progress report that states that the patient returns for pain management follow up and medication management. The patient continues to have pain constant and severe in the right leg and right ankle. The pain varies in intensity and is worse in the morning. He describes aching, gnawing, penetrating pain worse in the mornings. In a scale of 1-10 he rates his pain between a 5-8. Prolonged standing and walking worsen his pain. The patient states that there is still a significant amount of pain and stiffness in the lumbar spine and lower extremities. The patient states that though there is improvement the pain relief is not adequate to improve functionality and decrease the use of oral medications. The patient takes Ibuprofen and Vicodin. Objective findings are that the patient is unable to perform heel and toe walk, tenderness to palpation along the medial and lateral aspects of the right ankle, frequent limp. The treatment plan is refill Norco 7.5/325mg #90 and add Gabapentin. There is a request

for authorization to prescribe Nucynta because the Norco has Tylenol which will damage his liver if continued.

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

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

**Norco 7.5/325 mg #60 Supply 30 Days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 7.5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have severe pain despite long term opioids use. The request for Norco is not medically necessary.