

<b>Case Number:</b>	CM14-0190085		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Ohio. 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 43-year-old male with a date of injury of October 19, 2012. A heavy beam fell onto his right lower leg resulting in injuries to his right knee, right foot and ankle. He was initially found to have 2-3 fractured metatarsals on the right and placed in a cast. He had 2 months of physical therapy but was later found to have an anterior calcaneal fracture. Use was made of a bone stimulator and a CAM walker but progress was slow. It appears that opioid medication was started in November 2013 in addition to anti-inflammatories. He has been making use of ibuprofen and also Norco 10/325 mg up to twice daily. There is documentation that pain levels improved by 50% with the opioid and that his functionality is 50% better as well. It is unclear if injured worker has returned to his job as there is some conflict in this regard amongst the specialists. The physical exam reveals tenderness to the calcaneal cuboid region, the retro calcaneal region, and the sinus tarsi. The right knee reveals full active range of motion with crepitus. There is tenderness of the medial condyle and a positive McMurray's sign. The diagnoses include consolidated right os calcis fracture, consolidated cuboid fracture, plantar fasciitis, consolidated 4th and 5th metatarsal fractures, possible internal derangement of the right knee, and a mild peroneal neuropathy. At issue is a request for Norco 10/325 mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #45:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Patients who are prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any adverse drug taking behavior. Opioids may be continued if the injured worker has regained employment and/or if there is improvement in pain and functionality. In this instance, the medical record demonstrates 50% improvement in pain and functionality as a consequence of the opioids. The treating provider also notes that there is a signed narcotic agreement on file and that urine drug screens have been appropriate. Consequently, Norco 10/325mg #45 was medically necessary.