

<b>Case Number:</b>	CM14-0192645		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/23/2009
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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. The expert reviewer is Board Certified in Family Medicine 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:

This 29-year old female was injured while employed on 3/23/2009. She complained of lumbar spine and left ankle/foot pain. Per documentation from orthopedic surgeon she has completed an unclear number of physical therapy sessions, used a brace for foot and ankle support, received steroid injections to left foot and underwent surgery to her left foot and ankle for sinus tarsi syndrome and a synovial cyst formation, for the release of adhesions and a synovectomy of peroneal tendons on 8/17/2014. Per physician office visit documentation on 09/17/2014 the injured worker uses crutches to assist with ambulation. She continues to complain of pain and was previously prescribed Norco 5/325mg for post-operative pain, Nabumetone 500mg for inflammation, Zolpidem Tartrate 10mg for insomnia, Nizatiden 150mg for medication induced gastritis and Prilosec as directed. On examination of the lumbar/sacral area she was noted to have tenderness on palpation of the paraspinal area, primarily in the midline region, and a decreased range of motion. Left lower extremity was noted to have decreased range of motion, skin was noted as having erythematous and pain was present at the anterior lower leg above the ankle. Diagnoses were lumbar radiculopathy, displacement; lumbar disc w/o myelopathy, degenerative disc disease; lumbar, lumbosacral sprain/strain, and ankle and foot pain in joint. Treatment plan consisted of physical therapy and to continue with oral medication. She continues to work on modified duty and status was noted as permanent and stationary. The Utilization Review dated 11/17/2014 non-certified the request for Norco 5/325mg as not being medically necessary. The reviewing physician referred to CA MTUS Guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids. (a) If the patient has returned to work. (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documentation of subjective improvement in pain such as VAS scores. There is also no objective measure of improvement in function. For these reasons the criteria set forth above of

ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.