

<b>Case Number:</b>	CM14-0198769		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	11/20/2004
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with the injury date of 10/20/04. Per physician's report 10/28/14, the patient has left foot pain and neck pain. His left foot neuropathic/ CPRS pain is flaring up. He has benefited from LSB in the past. Physical examination reveals mild swelling with allodynia and hyperpathia as well as discoloration about the left foot extending to above the ankle. The patient is taking Tramadol ER, Protonix, Naproxen and Vicodin. The lists of diagnoses are: 1) Other chronic pain 2) Neuropathic pain 3) Left foot, CRPS 4) Pain in joint, ankle and foot 5) Degen Lumbar/lumbosacac intervert disc 6) Crusing injury of foot Per 08/22/14 progress report, the patient reports the same pain in his left foot at 7/10. The patient may return to full regular duties. According to the utilization review letter 11/14/14, the request for Norco #120 was modified to #60 " for one- time fill for titration." Treatment reports were provided from 12/17/13 to 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 78,88,89.

**Decision rationale:** The patient presents with pain in his left foot and neck. The request is for NORCO 5/325mg #120. Per the utilization review letter 11/20/04 indicates that the patient has been utilizing Norco for breakthrough pain. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. There are no before and after pain scales required by the MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The utilization review letter 11/14/14 already authorized #60 for one month supply. The request for Norco #120 IS NOT medically necessary.