

<b>Case Number:</b>	CM15-0012114		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

This 49 year old man sustained an industrial, injury on 7/9/2011. The mechanism of injury is not detailed. Current diagnoses include ankle/foot enthesopathy, left tibia-fibula fracture, left fibula unstable fracture, residual fracture site pain in tibia and fibula, focal multiple mononeuropathies of the sensory nerves of the distal left lower extremity, impaired sleep from chronic pain, pain induced depression, and achilles tendonitis. Treatment has included oral medications. Physician notes dated 1/20/2015 show that the worker has a 70% decrease in pain with Subsys spray. Norco is documented to only relieve aching pain and the combination of Norco and Subsys has significantly decreased the pain level. This has decreased his Norco consumption to only three to four tablets/day. Recommendations are to continue the current medication regimen. On 1/14/2015, Utilization Review evaluated a prescription for Norco 10/325 mg #130 that was submitted on 1/26/2015. The UR physician noted there was no documentation of functional improvement or decreased pain levels with Norco use. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #130:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** According to the MTUS guidelines, 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. The injured worker has been on long term opioids which are not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects as recommended by the MTUS guidelines. This request is not medically necessary.