

<b>Case Number:</b>	CM15-0138517		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	01/20/2001
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 65 year old female, who reported an industrial injury on 1/20/2001. Her diagnoses, and or impression, were noted to include: metatarsalgia, tendinitis, myositis, plantar fasciitis and osteoarthritis of the left foot, with left foot pain; ligament strain/sprain; left ankle and knee pain; possible torn "tib" tendon; chronic regional pain syndrome in the left lower extremity; and lumbar radiculitis. A triphasic bone Scintigraphy of the bilateral ankles and feet was done on 4/14/2015; no current imaging studies were noted. Her treatments were noted to physical therapy; braces; medication management; and rest from work. The progress notes of 4/8/2015 reported a 2 year history of pain around the medial and lateral aspects of the left ankle and hind-foot region, as well as some intermittent pain over the plantar aspect of her heel, which are aggravated by activities and weight bearing. Objective findings were noted to include no acute distress; fattening of the arch and hind-foot valgus, left > right; the inability to single limb heel-rise on the left side; decreased sensation on the left foot; tenderness, pain and weakness over the posterior tibial tendon; soreness along the entire lateral column; and discomfort in the sub-fibular region. The physician's requests for treatments were noted to include a urine drug screen, and the continuation of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. In addition, Norco has previously been approved for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg #90 is determined to not be medically necessary.

**1 urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the request for Norco is not approved, therefore there is no current indication for a urine drug screen. The request for 1 urine drug screen is determined to not be medically necessary.