

<b>Case Number:</b>	CM15-0138708		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 63-year-old male, who sustained an industrial injury on 6/20/13. He has reported initial complaints of right ankle injury after jumping off an oil truck. The diagnoses have included right anterior ankle synovitis with impingement, right medial malleolar avulsion fracture, right tibial nerve irritation, improved, and chronic right ankle sprain. There is a history of right ankle surgery on 9/22/14. Treatment to date has included medications, activity modifications, ace wrap, crutches, bracing, physical therapy, and acupuncture, epidural steroid injection (ESI) and home exercise program (HEP). Currently, as per the physician progress note dated 6/15/15, the injured worker complains of chronic right ankle pain. The pain is described as sharp and stabbing and it has increased since the last visit. There is associated paresthesia to the medial malleolus that radiates to the greater toe in the right foot. He states that on average, the pain is rated 8/10 without medication and with medication, the pain is decreased to 2/10 on pain scale. He states that he gets significant relief of pain with use of Norco and that he is able to walk further distances with using Norco. He reports that when he rests the ankle there is a burning sensation in the right heel and numbness. He also reports sleeping difficulties due to pain. The diagnostic testing that was performed included x-rays of the right ankle and computerized axial tomography (CT scan) of the right ankle. The current medications included Norco, Gabapentin, Lunesta and Ketoprofen. There is no previous urine drug screen report noted. The physical exam reveals tenderness to palpation distal to the medial malleolus and proximal to the lateral malleolus of the right ankle. He walks with an antalgic gait favoring the left lower extremity (LLE). The physician requested treatment included Norco 10/325mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of Medications Page(s): 78-81, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted in the medical records that the use of medications reduced the injured worker's average pain from 8/10 to 2/10 and allowed him to walk further distances. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring proper usage, this request is not medically necessary.