

<b>Case Number:</b>	CM15-0141418		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old female injured worker suffered an industrial injury on 5-19-2008. The diagnoses included chronic regional pain syndrome of the peroneal nerve, depression, and pain in the joint involving ankle and foot. The treatment included medications, acupuncture and TENS unit. On 6-18-2015 the treating provider reported foot pain, abnormal gait and right knee pain. She was wearing a modified pair of shoes but still had an altered gait. The pain was rated 5 to 6 out of 10 with an average of 4. The CURES report was consistent. The injured worker had not returned to work. The requested treatments included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1/2-1 tab two to three times a day #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The 38 year old patient complains right foot pain, altered gait, bilateral knee pain, sleep apnea, and weight gain improving, as per progress report dated 05/08/15. The request is for NORCO 10/325mg 1/2-1 TAB TWO TO THREE TIMES A DAY #180. The RFA for this case is dated 05/08/15, and the patient's date of injury is 05/19/08. Diagnoses included unspecified disorder of the autonomic nervous system; neuralgia, neuritis and radiculitis; painful gait; peripheral neuritis; pain in joint involving ankle or foot; and symptoms of depression. Medications included Celebrex, Flector patches, Lidoderm patches, Neurontin, Norco, Pristiq, and Voltaren gel. The patient is not working but is going back to school, as per the same progress report. MTUS Guidelines pages 88 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 4As (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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 02/23/15, and the patient has been taking the medication consistently since then. It is not clear when Norco was initiated. In progress report dated 05/08/15, the treater states that Norco helps decrease pain from 8-9/10 to 4/10. It also helps walk better. CURES report from April, 2015 is consistent. In progress report dated 07/20/15 (after the UR denial date), the treater states that the patient uses Norco for acute flare-ups and is well below the MGUS guidelines of 100-120mg morphine equivalency in use." There is no aberrant behavior or misuse and the patient is participating in voluntary drug screening program. The report also states that the patient is using Norco minimally and her last prescription for #60 lasted for 2 months. Although the treater states that Norco helps the patient walk better, the reports do not provide specific examples that indicate improvement in function before and after Norco use. Nonetheless, the efficacy of the opioid is evident and hence, the request IS medically necessary.