

<b>Case Number:</b>	CM15-0163587		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/21/2006
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50-year-old female, who sustained an industrial injury on October 21, 2006. Treatment to date has included diagnostic imaging, bilateral neuroma excision, orthotics, physical therapy, home exercise program, and medications. Currently, the injured worker reports that her right ankle symptoms are improving since her surgery. She complains of severe foot pain. On physical examination, the right ankle has moderate swelling to the lateral aspect and there is severe pes planus. She has spasm to the right calf and decreased right ankle range of motion. The injured worker ambulates with a limp favoring the right lower extremity. The diagnoses associated with the request include status post right ankle arthroscopy, status post bilateral foot Morton's neuroma excision, left hip sprain-strain, bilateral knee and low back symptoms and right knee patellofemoral arthralgia. The treatment plan includes Norco, continued physical therapy, cane replacement and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Tramadol in the past year. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Long-term use of short-acting opioids is not recommended and continued use of Norco is not medically necessary.