

<b>Case Number:</b>	CM15-0165872		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 injured worker is a 44-year-old male, who sustained an industrial injury on 03-01-2001. He has reported injury to the right foot. The diagnoses have included right foot injury; right foot pain status post multiple surgeries; chronic non-healing diabetic foot ulcer x 14 years, right foot; type I diabetes, on insulin pump; chronic pain; right knee pain; right hip pain; right elbow pain; right shoulder pain; peripheral neuropathy; and gait instability. Treatment to date has included medications, diagnostics, ankle foot orthosis, wound care therapy, and multiple surgical interventions. Medications have included Norco, Metanx, Lasix, Toradol, Lorazepam, and Zolpidem. A progress report from the treating physician, dated 07-15-2015, documented an evaluation with the injured worker. The injured worker reported right foot non-healing ulcers, and multiple work injuries; he goes to the wound care center on a regular basis, and has received the gamut of advanced wound care therapy, such as skin substitutes, skin grafts, infectious disease consultations, and plastic surgery; just yesterday, his wounds were debrided, and he will be trying Epifix next; he has been ambulating in a Darco wedge shoe for biomechanical support, as well as CROW boot, and a modified CROW boot that off-weights the forefoot; and he needs Norco for his right foot pain. Objective findings included decreased sensation bilaterally; right foot with second partial ray amputation; right foot wrapped in bandaged; ambulates with modified CROW boot; the wound at the tip of the right hallux is full-thickness, granular; there is no odor or serous drainage; the wound at the plantar aspect of the second metatarsal head resection is full-thickness, 100% granular; and there is serous drainage. The treatment plan has included the request for 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 Chronic Pain Treatment Guidelines Page(s): 78.

**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 current request is for Norco 10-325mg #60. The RFA is dated 08/10/15. Treatment to date has included medications, diagnostics, ankle foot orthosis, wound care therapy, and multiple surgical interventions. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS, 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 08/04/15, the patient presents with chronic right foot pain with a non-healing ulcer. The diagnoses have included right foot pain status post multiple surgeries; chronic non-healing diabetic foot ulcer x 14 years, right foot; type I diabetes, on insulin pump; chronic pain; right knee pain; right hip pain; right elbow pain; right shoulder pain; peripheral neuropathy; and gait instability. The patient's current medications include Norco, Metanx, Lasix, Ativan and Ambien. The patient has been prescribed Norco since at least 01/15/15. Report 05/11/15 states that the patient is to continue Norco. Risks and benefits of medications and possible side effects were discussed. A urine drug screen was performed on this day. In this case, there are no before and after medication pain scales provided and no examples of ADLs or change in work status to demonstrate medication efficacy. In addition, there are no pain management issues discussed such as CURES report, pain contract, et cetera. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.