

<b>Case Number:</b>	CM15-0166681		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 63 year old male, who sustained an industrial injury on June 20, 2013. The injured worker reported jumping off of a truck tire causing his right ankle to roll out upon landing subsequently causing an inversion injury to the right ankle. The injured worker was diagnosed as having chronic right ankle sprain, right anterior ankle synovitis with impingement, right medial malleolar avulsion fracture, right tibial nerve irritation, and status post right ankle arthroscopy and medial malleolar avulsion fracture fragment excision. Treatment to date has included medication regimen, above noted procedure, physical therapy, acupuncture, epidural injections, computed tomography of the right ankle, and magnetic resonance imaging of the right ankle. In progress, note from July 14, 2015 the treating physician reported complaints of persistent cramping pain to the right ankle and foot into the toes along with a sharp, jabbing pain to the left side of the ankle and paresthesia to the medial malleolus that radiates to the great toe and the right foot. Examination revealed tenderness to the distal to medial malleolus and proximal to lateral malleolus of the right ankle. The injured worker's current medication regimen included Norco, Gabapentin, and Lunesta. The injured worker's pain level was rated a 10 out 10, but the documentation provided did not indicate the injured worker's pain level prior to use of his current medication regimen and after use of his medication regimen to determine the effectiveness of the use of his current medication regimen. The treating physician did indicate that the injured worker had a 50% improvement in ambulation with the use of the medication Norco and has a 60% reduction in pain with the use of his current medication regimen. The

treating physician requested the medication of Norco 10/325mg with a quantity of 60, noting current use of this medication.

### **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, Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work. In a peer review note dated April 10, 2015, the prescription of Norco 10/325mg was modified to allow for weaning. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.