

<b>Case Number:</b>	CM15-0168394		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 36 year old male who reported an industrial injury on 2-15-2013. His diagnoses, and or impression, were noted to include: causalgia lower limb; foot pain; and pain in joint lower leg. Recent x-rays of the right foot were said to have been done on 2-24-2015. His treatments were noted to include: right foot surgery (2-26-14); physical therapy; home exercises; an orthopedic brace; trans-cutaneous electrical nerve stimulation unit therapy; ice therapy; medication management; and modified work duties. The progress notes of 7-22-2015 reported moderate right foot pain on his medications; increased pain in the right foot toes and knee; the ability to perform activities of daily living with the aid of his pain medications; and poor quality of sleep. Objective findings were noted to include: morbid obesity; the notation of mild pain; a claw-toe deformity and lateral plantar foot raised area; tenderness over the 5th metatarsal, mid-foot, and 5th "MTP"; hyperalgesia and allodynia of the right lateral foot; mild erythema at the lateral right foot; decreased motor strength in the right ankle dorsi and planter flexor's; decreased sensation over the right lateral foot; dysesthesias present over the right lateral foot; and hyperesthesia are present over the right lateral foot. The physician's requests for treatments were noted the continuation of Norco 10-325 mg twice a day for increased pain level. The Utilization Review of 8-3-2015 non-certified the request for Norco 10-325 mg, twice a day, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg Tablet 1 PO twice a day #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 81, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in February 2013 and continues to be treated for right foot pain after sustaining severe crush injury. He underwent surgery in February 2014. Medications are referenced as decreasing pain from 9/10 to 5/10 with improved ability to function including performing ADLs and traveling. When seen, the assessment references a 50-pound weight gain. He was having left knee and back pain attributed to his altered gait. His weight was over 400 pounds and there was a BMI of over 56. Physical examination findings included decreased right lower extremity strength and sensation with dysesthesias. There was edema and erythema. Medications had included tramadol, which had been less effective. Norco was refilled at a total MED (morphine equivalent dose) of 20 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.