

<b>Case Number:</b>	CM15-0180111		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/04/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, 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:

This is a 59 year old male patient, who sustained an industrial injury on 6-1-2011, resulting in pain or injury to the right ankle. The diagnosis includes right ankle derangement. Per the doctor's note dated 9/10/15, he had complaints of right knee and right ankle pain at 8-9/10 without medications and 7/10 with medications. Per the doctor's note dated 8-13-2015, he had complaints of right ankle discomfort that was continuous with increased pain as a result of an altered gait secondary to the unresolved ankle condition. He had pain at 10/10 without medications. The patient reported that with the use of his medications he was able to get up in the morning and help around the house with light household chores such as dusting and washing the dishes while sitting in a chair. The physical examination of the right ankle revealed moderate muscle spasms with pain and tenderness and a decreased range of motion (ROM). The treatment plan was noted to include prescriptions for Prilosec, Ibuprofen, and Norco, with the patient remaining on total temporary disability. The medications list includes prilosec, ibuprofen, norco and amitriptyline. Per the records provided Norco had been prescribed since at least 11-7-2014, with an increase in dosage on 5-15-2015, from 7.5mg four times a day to 10-325mg four times a day due to increased pain. Per the doctor's note dated 5-15-2015, he had pain at 6 before medications, decreasing to 2-4 with medications 75% of the time. On 6-11-2015, the patient rated his pain as 6-7 without medication and a 3 after taking the medication 100% all day, remaining unchanged at the 7-9-2015 visit. He has had a urine drug screen on 1/9/2015, which was consistent for hydrocodone and inconsistent for amitriptyline; on 6/13/2015 which was consistent for hydrocodone and amitriptyline. His surgical history includes lumbar surgery. Details regarding this surgery or any other surgery/procedure related to

this injury were not specified in the records provided. Previous diagnostic reports were not specified in the records provided. However per the records (peer review dated 5/4/15) provided, he has had a right ankle MRI on 6/18/2014 which revealed edema in the tibial plafond with a small defect in articular cartilage; absence of ankle effusion, subtalar abnormalities, or large osteochondral defect. The request for authorization dated 8-13-2015, requested Norco 10/325mg #120. The Utilization Review (UR) dated 9-2-2015, non-certified the request for Norco 10/325mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pharmacological assay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

**Decision rationale:** Norco 10/325mg #120. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of the overall situation with regard to non-opioid means of pain control, including the current use of antidepressants for chronic pain, is not documented in the records provided. In addition, the patient has had a right ankle MRI in 2014. The MRI report of this diagnostic study showing abnormal objective findings consistent with severe or significant internal derangement of the ankle was not specified in the records provided. The details of any significant recent procedure or surgery for his injury were not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" This patient does not meet criteria for ongoing continued daily use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is

discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.