

<b>Case Number:</b>	CM15-0188071		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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:

This injured worker is a 55 year old male, who sustained an industrial injury on 07-11-2012. The injured worker was diagnosed as having foot pain, ankle fracture, ankle pain, allodynia and pain in limb. On medical records dated 09-08-2015 and 07-28-2015, the subjective complaints were noted as right foot and right ankle pain. Pain was noted to be worse with activities. Pain was rated at a 9-10 out of 10 without medication, and pain was noted as stable. Objective findings were noted as right foot lateral malleolus sensitive to touch and limited active range of motion at ankle due to pain. Treatments to date included medication, laboratory studies, ice packs and TENS unit. The injured worker was noted to be temporarily totally disabled. Current medications were listed as Norco, Xalation, Prilosec and Restatis. The injured worker was noted to be taking Norco since at least 01-2015. The Utilization Review (UR) was dated 09-16-2015. A Request for Authorization was dated 09-08-2015 for Norco 10/325mg #30. The UR submitted for this medical review indicated that the request for Norco 10/325mg #30 was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with pain in the right foot and the right ankle. The request is for Norco 10/325 MG #30. Physical examination to the right foot/ankle on 09/08/15 revealed tenderness to palpation over the lateral malleolus. Per 06/19/15 progress report, patient's diagnosis includes foot pain, foot sprain, ankle fracture, ankle pain, allodynia, and pain in limb. Patient's medications, per 07/28/15 progress report include Norco and Omeprazole. Patient is temporarily totally disabled. MTUS, criteria for use of opioids section, 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, criteria for use of opioids section, 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, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 09/16/15 has modified the request to #15, recommending tapering. Review of the medical records provided indicates that the patient has been utilizing Norco since at least 01/12/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS test results and CURES reports are current and consistent with patient's medications, there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. This request is not in accordance with guideline recommendations. Therefore, the request is not medically necessary.