

<b>Case Number:</b>	CM15-0209135		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60 year old male who sustained an industrial injury February 4, 2008. Past history included hypertension, emphysema, heart arrhythmia, and left foot surgery x (6). According to a treating physician's office visit dated September 1, 2015, the injured worker presented for re-evaluation regarding his left ankle and foot internal derangement, complex regional pain syndrome with history of osteomyelitis. He reports burning and stinging and left foot pain, worse with weight bearing. He is performing a home exercise program and a walking program. Current medication included Lansoprazole, Lidoderm, Norco (since at least 2012), ThermaCare knee-elbow bandage, and Voltaren topical gel. The physician documented he is taking his medication appropriately and has showed a marked increase in function with no aberrant behaviors with an appropriate case report in urine testing. Objective findings included; 5'8" and 268 pounds; edema in the left foot extending into the forefoot with expected hyperalgesia and allodynia; dystrophic skin changes over the entire area but no skin breakdown. Diagnoses are reflex sympathetic dystrophy of the lower extremity; chronic pain syndrome. At issue, is the request for authorization for a physical therapy referral and Norco. The 10/13/15 document indicates that the patient's pain is unchanged. An August 2015 progress note indicates that the patient's pain level is 10/10. According to utilization review dated September 23, 2015, the request for Lansoprazole is certified. The request for Norco 10-325mg #180 was modified to Norco 10-325mg #45. The request for (1) Physical Therapy referral is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** Norco 10/325mg, #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of improved pain levels therefore the request for continued Norco is not medically necessary.

**Physical therapy referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy referral is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends a transition to an independent home exercise program after supervised therapy. The record indicates that the patient has had prior therapy and is performing a home exercise program. There are no extenuating factors that would necessitate additional therapy. Therefore, this request is not medically necessary.