

<b>Case Number:</b>	CM15-0046378		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 27-year-old female sustained a work related injury on 08/10/2010. On 08/26/2014, the injured worker underwent left foot: total Swanson prosthetic joint replacement first metatarsophalangeal joint, decompression with neurolysis deep peroneal nerve and neurectomy medial dorsal cutaneous nerve. According to an office visit dated 02/13/2015, left foot pain at the medial dorsal aspect and pain at the plantar arch of the left foot was unchanged. Neuritic pain at the dorsal aspect of the left foot and at the plantar ball of the left foot was increased. Pain was rated 8 on a scale of 1-10 at best and 10 at worst. Physical therapy was completed. The injured worker reported being semi-compliant with use of transdermal creams, calf and hamstring exercises, supportive athletic shoe gear and wearing bilateral prescription foot orthotics. The injured worker also reported that she had been taking her medications but had the flu and had been throwing up her pain medications. Diagnoses included possible Chronic Regional Pain Syndrome, status post left foot bunionectomy, status post repair/replacement of the first metatarsophalangeal joint with prosthetic implant and decompression with neurolysis of the dorsal nerves over the first metatarsal shaft (08/26/2014). The provider noted that due to dependency of prescription narcotics, authorization was received for the injured worker to be referred for pain management. A prescription was given for Norco 5/325mg #60 take one twice a day as needed for breakthrough pain. This dosage was a decreased dosage as compared to the previous visit. On 02/24/2015, Utilization Review modified the request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60 1 tablet bid prn with no refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG TWC Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 02/13/15 with pain to the plantar ball of the left foot rated 8/10. The patient's date of injury is 08/10/10. Patient is status post left foot bunionectomy, status post repair/replacement of the first metatarsophalangeal joint with prosthetic implant and decompression with neurolysis of the dorsal nerves over the first metatarsal shaft. The request is for NORCO 5/325MG #60 1 TABLET BID PRN W/ NO REFILLS. The RFA not provided. Physical examination dated 02/13/15 reveals moderate neuritic tenderness to palpation over the dorsal left foot, moderate to severe tenderness to palpation of the first, second, and third metatarsal interspaces of the left foot. Treater also notes positive Mulder's sign, Tinel's sign, and Valleix's sign on the left foot. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the request for a continuing prescription of Norco for this patient's chronic foot pain, the treater has not provided adequate documentation to substantiate continued use, but is weaning the medication. This patient has been taking Norco since at least 08/22/14. Progress note dated 02/13/15 does not provide documentation of analgesia or provide specific functional improvements attributed to this medication. There is no discussion of consistent urine drug screens or discussion of aberrant behavior, either. The same progress note documents that this patient is dependent on Norco, and signals the intent to wean, stating: "This patient is to return to the office 1 month for follow-up and RX meds wean will follow." Furthermore, it appears that the treater is in fact conducting a wean, signaling the intent to wean with the 01/09/15 progress note and reducing this patient's medications in the subsequent visits. While there is inadequate documentation of 4A's as required by MTUS, the treater has provided adequate evidence that this patient is in fact being weaned from narcotic medications. Therefore, the request IS medically necessary.