

<b>Case Number:</b>	CM15-0054015		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	05/03/2005
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: California, Hawaii

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:

The injured worker is a 35 year old female, who sustained an industrial injury on May 3, 2005. She reported injury to her right ankle. The injured worker was diagnosed as having neuropathic pain of right ankle and foot, sympathetic mediated pain, muscle spasms, chronic pain, long-term use of medications, encounter for therapeutic drug monitoring and allodynia. Treatment to date has included diagnostic studies, activity modification, physical therapy, injections, lumbar sympathetic block, psychotherapy and medications. On March 2, 2015, the injured worker complained of pain in the right ankle and foot. The pain was described as aching, burning and stabbing with paresthesia into the right lateral toes. The pain was rated as a 7 on a 1-10 pain scale with medications and as a 10/10 on the pain scale without medications. The treatment plan included medications, random urine toxicology screens and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient presents with low back pain which radiates into the bilateral extremities. The current request is for Norco 10/325 mg #60. The treating physician states that the patient has not had any side effects or allergies from this medication, the patient rates their pain as 4/10 with medication and 8/10 without medication, but states that the patient can't function. (161) for chronic opiate use, the MTUS Guidelines 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 page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the treating physician has documented that the patient has decreased pain and that the patient is not having any side effects but the patient is not able to perform ADLs and it was not documented if the patient was having any aberrant behaviors. The current request is not medically necessary and the recommendation is for denial.