

<b>Case Number:</b>	CM15-0055819		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/19/2001
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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:

The injured worker is a 36 year old, male patient who sustained an industrial injury on 12/19/2001. The patient was initially seen under trauma service, underwent surgical intervention on the left heel and the right foot noted with healing non-displaced calcis fracture. The patient has also undergone back surgery. He had varied complaint to include low back pain with limited range of motion, bilateral foot pain; left greater. Of note, he was approved for rehabilitation therapy status post fusion. A medical evaluation dated 03/31/2010, reported complexities including thoracolumbar spine, bilateral ankles and now presents with worsening bilateral knee and heel pains. Prior treatment included oral analgesia, orthotics, bracing, radiography study, magnetic resonance imaging. A primary treating office visit dated 06/09/2014, reported chief complaints of back pain described as aching and constant. The symptom is ongoing. In addition, he presented with foot pain, on the left and the right. Current prescribed medication is Norco. He is diagnosed with lumbago, low back pain. The plan of care involved continues medications, continue regular work duty and follow up. The most recent primary treating office visit dated 02/20/2015, reported chief complaints of left sided foot pain, rated a 1 out of 10 in intensity and medication offers good relief. The following diagnoses are applied: lumbago, low back pain, foot/leg/arm pain, ankle joint pain, thoracic spine pain and bilateral knee joint leg pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 prescription of Norco 10/325mg #240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Weaning of Medications.

**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 was injured on 02/19/2001 and presents with back pain and foot pain. The request is for one prescription of NORCO 10/325 mg #240. The RFA is dated 03/09/2015, and the patient is currently working full-time. The patient has been taking Norco as early as 06/09/2014. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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, criteria for use of opiates, ongoing management also requires documentation of the 4A's (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 page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 10/29/2014 report states that the patient rates his pain as a 4/10 with medications. On 01/21/2015, the patient rates his pain as an 8/10 with medications. On 02/20/2015 report states that the patient "is doing very well on the current dose of medication. His pain scale is very low at 1/10, and he is able to work full-time where he is on his feet most of the day. The Norco allows him to accomplish all his ADLs. In addition, he presented with pain scale of 1/10. This is with medications." Although there is no before-and-after medication, pain scales provided or discussion on side effects/aberrant behavior, the patient does continue to work full-time. However, the patient was inconsistent with his 10/29/2014 and his 01/22/2015 urine drug screens and the treater do not discuss it. There does not appear to be adequate opiate monitoring by the treater. Therefore, the requested Norco is not medically necessary.