

<b>Case Number:</b>	CM15-0060510		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old male injured worker suffered an industrial injury on 08/29/2012. The diagnoses included left ankle pain after fracture of the artificial joint and right hip pain. The injured worker had been treated with splinting and medications. On 2/23/2015 the treating provider reported on going right hip pain that is constant as well as ongoing left foot and ankle pain. He is unable to walk without the splint. The pain in the ankle is 7/10 and the hip is tender. The left calf has significant atrophy. There is left ankle pain. The treatment plan included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg qty: 60, dispensed 2/23/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in August 2012 and continues to be treated for hip and ankle pain. He had a history of a ankle arthroplasty and sustained a fracture. When seen, pain medications were Tylenol and Motrin. He reported hip and ankle pain rated at 7/10, increased with standing and walking. Norco was prescribed a total MED (morphine equivalent dose) of 20 mg per day. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking consistent with his history of injury. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, the total MED being prescribed is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco is medically necessary.