

<b>Case Number:</b>	CM14-0148425		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/08/2001
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old male with a reported date of injury on 01/08/2001. The mechanism of injury was not noted in the records. The diagnoses included complex regional pain syndrome and reflex sympathetic dystrophy of the lower limb. The past treatments included pain medication, physical therapy, and surgical intervention. There was no relevant diagnostic imaging studies submitted for review. The surgical history included ankle surgery in 1997, ankle nerve decompression in 1998, and left foot surgery times 2 in 2001. The subjective complaints on 08/01/2014 included left ankle and left foot pain. The physical examination noted limited range of motion to the left ankle along with tenderness to palpation. The medications include Gabapentin 300 mg, Norco 5/325 mg, Cymbalta 60 mg, Meloxicam 15 mg, Amitriptyline 25 mg, Voltaren 1% gel, and Lidocaine 5% patches. The treatment plan was to refill and continue medications. A request was received for Norco 10/325 mg #60. The rationale for the request was to decrease pain. The Request for Authorization form was dated on 08/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**Decision rationale:** The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic left ankle pain. The notes show he has been on Norco since at least 03/18/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no current drug screen submitted to assess for aberrant behavior. Additionally the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. As such, the request is not medically necessary.