

<b>Case Number:</b>	CM14-0149010		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/12/2014
<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 Management and is licensed to practice in California. 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:

This is a 34-year-old male with a 08/06/2010 date of injury. A specific mechanism of injury was not described. S/p right ankle arthroscopy with microfracture, and hardware removal in 5/20/14. 8/12/14 determination was modified from Norco 10-325mg TID #90 PRN for a 30 day supply to allow the patient this one refill of Norco 10-325mg for the purpose of weaning to discontinue, with a reduction of med by 10%-20% per week over a weaning period of 2-3 months. 8/14/14 follow-up report identified 5/10 pain level. Exam findings were similar to the ones in the prior exams. 7/30/14 and 7/2/14 follow-ups identified ongoing pain in the right foot and ankle s/p surgical intervention. The wounds are healing with no signs of significant swelling, although there is mild tenderness about the right foot; number of complex regional pain syndrome (CRPS). Urine toxicology was requested at the time of the 7/30/14 exam. 4/18/14 urine toxicology report was inconsistent with the prescribed medication as it was negative for Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 mg, TID, #90 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 79-80, 81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has chronic pain and has been managed with opioid medication. It appears that there was appropriate pain relief. However, the urine toxicology report was negative for hydrocodone. There were no other urine tests provided and there are no additional VAS scores to identify appropriate efficacy. Considering this, partial certification was appropriately recommended at the time of the prior determination. Partial certification was provided to allow an opportunity for submission of medication compliance guidelines including documentation of current urine drug test, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and claimant, with evidence of ongoing efficacy including measurable subjective and/or functional benefit with prior use. Otherwise, this timeframe should be used to initiate downward titration and complete discontinuation of medication on subsequent reviews secondary to medication guideline non-compliance. In this context, the request as made for this review (Norco 10-325 mg, TID, #90 prn supply: 30 days to allow this 1 refill for the purpose of weaning to discontinue with a reduction of med by 10%-20% per week over 2-3 months) was medically necessary.