

<b>Case Number:</b>	CM14-0181287		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/20/2004
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Family Medicine 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:

Per the AME supplemental/record review report dated 10/31/11, the injured worker is a 60-year old male whom experienced an industrial injury 07/20/04. The injury occurred when the injured worker was ran over by a forklift in which he sustained injury to the left lower extremity and he had knee and lumbar pain. The injured worker developed a deep vein thrombosis and was started on Coumadin daily. Diagnoses were left bimalleolar fracture post open reduction internal fixation; left ankle and lower leg Methicillin-resistant Staphylococcus aureus infection; left knee, lumbar spine, and right shoulder pain; and medial plantar neuropathy. He continued to experience left knee and low back pain. Objectively, there was palpable tenderness to the left knee, his gait was normal, he had no lower back pain with range of motion testing, and bilateral evaluation appeared normal. Diagnoses were noted specifically as 715.37, osteoarthritis of the ankle and foot; 721.3, spondylosis, lumbar without myelopathy; and 682.9, cellulitis, diffuse. He was prescribed Norco 10/325 mg, quantity 120, with instructions to take one tablet four times per day. The injured worker disagreed with the quantity of Norco ordered, which was 22. At his follow-up visits he reported the Norco only provided him with four hours pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 91. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG): Ankle & Foot; Norco 10/325 mg; per ODG website.

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the requested medication is not medically necessary and appropriate.