

<b>Case Number:</b>	CM14-0218931		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 48 year old woman sustained an industrial injury on 6/23/2010 when she twisted her ankle in a pothole and fell. Current diagnoses include right ankle pain; pes planovalgus, acquired; posterior tibial tendon dysfunction; limb deformity, ankle/foot, equinus, and complex regional pain syndrome. Evaluations have included x-rays on 6/23/2010 and 12/29/2011 showing no fractures, MRI of the right ankle, and MRI of the right knee. Treatment has included oral medications, multiple surgical interventions, physical therapy, bracing, psychological counseling, cognitive behavioral therapy, and lumbar sympathetic blocks. Orthopedic notes dated 11/3/2014 show the worker with complaints of right foot and ankle pain. X-rays of the right foot and ankle were performed which showed a fairly significant transverse plane flatfoot deformity with medial talar head uncovering and increased calcaneocuboid abduction angle. Recommendations include a pair of UCBL orthotics and further surgical intervention if this is not successful. Physician notes dated 12/10/2014 from pain management state that this is the worker's first visit for evaluation and management of chronic pain complaints of moderate to severe burning pain, sensitivity, color changes and temperature changes to the right lower extremity, pain and intermittent spasms in the right thigh, pain in both hips and low back secondary to abnormal gait, depression, anxiety, and frustration. Treatment included refilling oral medications and possible spinal cord stimulator insertion. On 12/22/2014, Utilization Review evaluated two prescriptions for Norco 10/325 mg #120, one to be filled on 12/11/2014 and the other to be filled on 1/10/2015. The UR physician noted that there was no documentation of sustained functional improvement with Norco despite being prescribed long term. The MTUS,

ACOEM Guidelines, or ODG was cited. The request was denied and subsequently appealed to Independent Medical Review. A treating physician note dated 10/28/2014 was also reviewed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120 (to be filled 12/11/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the right leg and especially the right knee, pain in both hips, lower back pain, problems sleeping, and depression with anxiety. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion reporting improved pain intensity or function with this specific medication, how long the benefit from this specific medication lasted, or how often it was needed and used. In the absence of such evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg for the date of service 12/11/2014 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication 'as needed,' an individualized taper should be able to be completed with the medication the worker has available.

**Norco 10/325mg #120 (to be filled 1/10/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the right leg and especially the right knee, pain in both hips, lower back pain, problems sleeping, and depression with anxiety. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion reporting improved pain intensity or function with this specific medication, how long the benefit from this specific medication lasted, or how often it was needed and used. In the absence of such evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg for the date of service 12/11/2014 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication 'as needed,' an individualized taper should be able to be completed with the medication the worker has available.