

<b>Case Number:</b>	CM15-0019175		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male, who sustained a work related injury on 9/30/12. The diagnoses have included status post crush injury left foot and left foot fractures. Treatments to date have included MRI and x-rays of left foot, EMG/NCS study of lower extremities, and oral medications including Norco and Naprosyn. In the PR-2 dated 12/13/14, the injured worker complains of left foot swelling and pain. Upon physical examination, he has left foot pain, swelling, stiffness and tenderness to touch. On 1/19/15, Utilization Review modified prescription requests for Norco to 5/325mg., #60 and Naprosyn to Naprosyn 500mg. x 1 month supply. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with left foot pain with swelling, stiffness, and tenderness. The request is for NORCO. RFA date is not available. The dosage and quantity was not indicated any of provided reports or utilization review letter. Per QME report dated 06/07/14, the patient was on Norco 10mg. The request was certified by utilization review letter dated 01/19/15 with modification to Norco 5/325mg #60. The work status is a permanent and stationary with permanent restrictions. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports does not show when the patient started NORCO but the patient has been on this medication as early as 06/07/14. In this case, the treater request for refill of NORCO. However, none of the reports show documentation of pain assessment using a numerical scale and the patient's functional changes are not shown. No outcome measures were provided and specific ADL's are not documented showing significant improvement. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

**Naprosyn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**Decision rationale:** This patient presents with left foot pain with swelling, stiffness, and tenderness. The request is for NAPROSYN. RFA date is not available. The dosage and quantity was not indicated any of provided reports or utilization review letter. Per QME report dated 06/07/14, the patient was on Naproxen 500mg. The request was certified by utilization review letter dated 01/19/15 with modification to Naprosyn 500mg with one month supply. The work status is a permanent and stationary with permanent restrictions. Review of reports does not show when the patient has started Naprosyn but the patient has been on this medication as early as 06/07/14. MTUS guidelines for medications for chronic pain state pages 60, 61 states, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." In this case, the treater does not discuss this medication and the reports provided do not show a record of pain and function for the medication per the guidelines above. The request IS NOT medically necessary.

