

<b>Case Number:</b>	CM15-0019753		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	12/26/2014
<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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 3/05/2014. Diagnoses include status post left ankle fibular fracture, laceration over medial aspect of the lower extremity and antalgic gait secondary to left ankle fracture. Treatment to date has included medications including Norco and topical medications, rocker boot, and modified work. X-rays of the left ankle dated 11/26/2014 showed healed oblique, essentially non-displaced fracture of the distal fibula, mild osteopenia of the ankle joint, abnormal soft tissue swelling around the medial and lateral malleoli and no new fracture. Per the Primary Treating Physician's Progress Report dated 10/30/2014, the injured worker reported persistent pain in his left ankle and shin, which he rates as a 9/10 on a pain scale of 1-10. The pain is frequent and remains the same as the last visit. Physical examination of the left ankle revealed mild swelling. There was some tenderness over the fibula. Neurovascular status was intact distally. There was a well-healed scar over the malleoli. The plan of care included physical therapy for which approval was pending, and opioid pain medication. Authorization was requested for Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Norco 10/325mg is a combination medication including Hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long-term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the patient has been managed on Norco 10/325mg. Previously UR recommendations have been for weaning of this medication. The documentation does not support meaningful functional improvement. The continued use is not medically necessary.