

<b>Case Number:</b>	CM15-0110325		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old male who sustained an industrial injury on 11/25/2008. Mechanism of injury was not documented. Diagnoses include pain in joint of ankle and foot; Reflex Sympathetic Dystrophy of the upper limb, and neuropathy in other diseases. Treatment to date has included diagnostic studies, medications, status post foot and ankle surgery times three, status post spinal cord stimulator implant, and a home exercise program. His medications include Gabapentin, Amlodipine Besylate, Aspirin, Glipizide and Pravastatin. A physician progress note dated 05/05/2015 documents the injured worker is complaining of increased right foot pain. He rates his pain as 8 out of 10 without medications, and with medications, pain is 4 out of 10. He has been out of his Norco for the last two weeks, it had fallen out of his pocket getting in the car and he ran over it. He notes that the Gabapentin helps with the heel pain, burning as well as tingling pain, and even the throbbing pain is better with the use of Gabapentin. The Spinal cord stimulator helps improve his pain by 40 percent. He is working two hours a day presently. He has an antalgic gait and uses a cane. He has tenderness over the scar between the 3rd and 4th digit on the right foot. There is also some sensitivity over the medial incision. There is no swelling on this visit. The treatment plan includes Gabapentin; follow up in one month, continuation of his home exercise program and the use of the spinal cord stimulator. Treatment requested is for Norco 10/325 #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325 #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long-term opioids without evidence of an objective urine toxicology screen available for review. The documentation does not reveal an updated pain contract. The most recent documentation indicates that the patient has increased pain 8/10 and is out of his medications. Additionally the documentation does not reveal an increase in function despite Norco use. The request for continued Norco is not medically necessary.