

<b>Case Number:</b>	CM15-0111650		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male who sustained an industrial injury on July 30, 2014. He has reported a left ankle injury and has been diagnosed with status post left ankle surgery. Treatment has included medical imaging, physical therapy, and physical therapy. Recent progress report noted a postoperative check for the injured worker. The injured worker was ambulating in a boot without complications. There was a healing surgical scar to the left ankle and sutures were removed. The treatment request included Norco and Fenoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 76-80.

**Decision rationale:** This patient underwent ankle surgery on 2/10/2015, and at his last visit was noted to be ambulating without difficulty in a post-op boot. He is now over 5 months post-op and the request is for a refill of Norco. As noted in the MTUS Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain. In this case, it is unclear that these criteria have been met. It is not stated whether or not he has returned to work and his pain level and level of functioning have not been recently assessed. The patient is also well-beyond the post-op period need for opioid therapy. Therefore the request is deemed not medically necessary or appropriate.

**Fenoprofen 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** CA MTUS states that NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain, especially in those with risk for gastrointestinal or cardiovascular risks. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the patient has been prescribed an NSAID on a chronic basis, which is contrary to MTUS recommendations. He is now over 5 months post-op and consideration should be given to using Acetaminophen for any mild to moderate pain due to its much better safety profile. This request is thus deemed not medically necessary or appropriate.