

<b>Case Number:</b>	CM15-0125749		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 1/7/10. He had complaints of left ankle pain and was diagnosed with an open fracture which required surgical intervention. 04/30/15 office note stated that the injured worker reported that with his current medications (Norco, Lyrica, Cymbalta, Voltaren XR, and Flexeril) he was able to function more and was able to do more exercises. Pain level was reduced from 8-9/10 to 4/10 with medications. Without medications he was able to stand only 10 minutes and walk for 1 block, and was unable to vacuum, do yard work, or drive a stick shift. With medications he could stand for 45 minutes, walk 5-6 blocks, do yard work for 30-45 minutes, vacuum one room at a time, and drive his manual transmission vehicle. No evidence of aberrant medication behavior was present, and a pain agreement was on file. Primary treating physician's progress report dated 6/1/15 reports complaints of back and leg pain and spasms especially at night. He has tenderness along the left ankle near surgical incision. Diagnoses include: status post comminuted open plafond fracture with syndemosis disruption and post traumatic arthritis due to infection of left ankle after hardware removal. Plan of care includes: Norco 10/325 mg 1 every 8-12 hours as needed #90, continue flexeril, lyrica, cymbalta and voltaren XR and continue independent exercise program. Follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, ninety count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Based upon the submitted documentation, there is evidence that the "4 A's" are met in this case. The injured worker reports specific symptomatic and functional improvement with opioid therapy, without evidence of aberrant behavior or significant medications side effects. The requested medication is consistent with MTUS recommendations.