

<b>Case Number:</b>	CM15-0126130		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 35 year old male, who sustained an industrial injury on March 13, 2014. He reported slipping on uneven gravel while working as a welder causing a fracture to the left ankle and tibia. The injured worker was diagnosed as having status post hardware removal of the left ankle, lumbosacral sprain/strain secondary to antalgic gait, chronic pain syndrome, chronic opiate drug usage, post-operative infection of the left ankle, pain in the left limb, status post open reduction internal fixation of a pilon fracture and status post post-operative infection with surgical incision and debridement x2. Treatment to date has included Diagnostic studies, radiographic imaging, surgical interventions of the left ankle, medications and work restrictions. Currently, the injured worker complains of continued left ankle pain with associated weakness, stiffness, numbness, tingling, bruising and swelling. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 29, 2015, revealed continued pain rated at an 8 on a 1-10 scale with 10 being the worst. Norco was continued. Evaluation on June 23, 2015, revealed pain rated at a 5 on a 1-10 scale and 8 at worst with 10 being the worst pain ever felt. Norco was continued. Evaluation on June 29, 2015, revealed continued left ankle pain. Three views of the ankle revealed correct alignment and intact hardware to the medial distal tibia including screws and a plate. He noted his pain as moderate and at worst 8 on a 1-10 scale with 10 being the worst. It was noted symptoms were made worse with activities and better with rest, ice, elevation and heat. Norco was continued. Norco 10/325 mg #70 was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #70:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

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

**Decision rationale:** According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication did not consistently decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. The request for Norco 10/325 #70 is not medically necessary.