

<b>Case Number:</b>	CM15-0127571		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Indiana, New York  
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 46 year old male who sustained an industrial injury on 09/21/2012 when he fell from a ladder. There was no loss of consciousness. Initial X-rays were negative for acute fractures. The injured worker was diagnosed with cervical spine sprain/strain, bilateral shoulder strain with impingement, left anterior talofibular ligament strain, bilateral plantar fasciitis and headaches. Treatment to date has included diagnostic testing with recent bilateral ankle ultrasound on January 31, 2015, physical therapy, home exercise program, acupuncture therapy, home cryotherapy and medications. According to the primary treating physician's progress report on May 22, 2015, the injured worker continues to experience left foot pain with a current flare-up and left ankle pain with inability to weight bear for extended periods. The injured worker rates his pain level at 4/10 with medications and 7/10 without medications. Several documents within the submitted medical records are difficult to decipher. Examination demonstrated cervical spine tenderness, left side greater than right side with decreased range of motion. There were positive Tinel's and Phalen's tests bilaterally. There was negative ulnar nerve subluxation. Left anterior talofibular ligament was noted to have hypertrophic changes. Current medications are listed as Norco and Cyclobenzaprine. Treatment plan consists of additional acupuncture therapy, Electromyography (EMG)/Nerve Conduction Velocity (NCV), continuing with home exercise program, home cryotherapy regimen, heel cups, night splints and the current request for Norco 5/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain strain and bilateral upper extremity radiculitis; bilateral shoulder periscapula strain with impingement, bursitis and tendinitis; bilateral elbow medial and lateral epicondylitis; bilateral forearm flexor and extensor tenosynovitis with bilateral wrist sprain and probable carpal tunnel syndrome; thoracolumbar spine musculoligamentous sprain strain; left knee sprain; left ankle/foot strain with resultant plantar fasciitis. The date of injury is September 21, 2012. The request for authorization is dated June 8, 2015. The earliest progress note of the medical record is dated January 21, 2015. There are no medical records between September 21, 2012 and the earliest progress note January 21, 2015. At the first visit (January 21, 2015), medications included Norco 5/325mg and Fexmid. In a progress note dated February 27, 2015, the pain score was 3-4/10. Norco 5 mg was continued. The most recent progress note dated May 22 2015 show the pain score was 4/10. There was no documentation demonstrating objective functional improvement. There was no subjective improvement. There were no detailed pain assessments and no risk assessments in the medical record. There was no attempt at weaning opiate therapy (Norco). Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Norco, subjective improvement and detailed pain assessments and risk assessments, Norco 5/325mg # 30 is not medically necessary.