

<b>Case Number:</b>	CM15-0128112		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female who sustained an industrial injury on 12/10/07. Progress report dated 5/15/15 reports continued complaints of right ankle/foot pain and back pain. The back pain has started after frequent falls due her to ankle. The pain is aggravated by sitting, standing, walking, bending and alleviated by lying down and the use of pain medication. The pain is rated 9/10 without medication and 7/10 with medication. Diagnoses include chronic intractable right foot and ankle pain. Plan of care includes: gabapentin for neuropathic pain, continue Lidoderm patches, MRI of lumbar spine, continue Norco 10/325 mg 4 times per day as needed for pain, #120 and continue Voltaren gel 1%. Work status: has been declared permanent and stationary. Follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Norco 10/325mg, four times per day as needed #120 (DOS: 06/11/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** This patient presents with complaints of right ankle/foot pain and back pain. The back pain has started after frequent falls due her to ankle. The current request is for Retrospective: Norco 10/325mg, four times per day as needed #120 (DOS: 06/11/2015). The RFA is dated 06/15/15. Treatment history included medications. The patient is permanent and stationary and not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." This patient is status post arthrotomy and synovectomy of the right ankle in June of 2008, neurectomy and implantation of the nerve into the muscle on May 17, 2012 and excision of the right third webspace neuroma on 09/04/14. Norco has been dispensed since at least 12/20/13. A urine drug screen from 03/10/14 was noted to have multiple inconsistencies. Most recent UDS from 04/17/15 was consistent with the medications prescribed; however, a CURES check on 02/12/15, 03/20/15, 04/15/15 and 05/14/15 noted patient was receiving opiates from another physician. Each report noted "I told the patient that she should not get a prescription for opioids from any other provider." On 6/11/15, Norco was again dispensed. In this case, the treating physician has provided the exact same statement that "she has been taking Norco which helps. She is able to walk and get around the house with the help of these medications. She denies side adverse reaction to the pain medications. She does not exhibit aberrant behaviors." However, the patient has exhibited aberrant behaviors dating back to 03/10/14 and the treater has not addressed the issue at hand. MTUS requires adequate opiate management including all the 4As to consider long term opiate use. Given the multiple red flags with no attempt at resolution, further use of Norco cannot be supported. This request IS NOT medically necessary.