

<b>Case Number:</b>	CM15-0178120		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/20/2004
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old male, who sustained an industrial injury on 10-20-2004. He has reported subsequent ankle, foot and low leg pain and was diagnosed with osteomyelitis of ankle and foot, chronic pain, degenerative joint disease of ankle and foot and traumatic arthropathy of the lower leg. MRI of the right ankle on 01-08-2015 showed prominent medial talo-tibial degenerative joint disease changes and sprain of posterior talo-fibular ligament. Treatment to date has included oral pain medication and injection therapy. Documentation shows that Norco was prescribed as far back as 2010. In a progress note dated 8-10-2015, the injured worker was seen in follow-up for right ankle and leg pain. There were no subjective findings documented. The previous progress notes dated 06-08-2015 and 07-13-2015 noted that there were no changes to the injured worker's right ankle and leg pain. Objective examination findings were notable for reduced range of motion of the right ankle and tenderness to palpation over the right lateral malleolus and distal fibular as well as anterior talo-tibial joint line. Work status was documented as full duty. The physician noted that pain rating with medication was 1-2 out of 10 and 7 out of 10 without medication and that functional improvement was noted with the use of pain medication. A request for authorization of Norco 10-325 mg #180 with one refill was submitted. As per the utilization review dated 08-19-2015, the request for Norco 10-325 mg #180 with one refill was modified to certification of 1 prescription of Norco 10-325 mg #180 between 08-10-2015 and 10-17-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2004 and continues to be treated for right ankle and leg pain after sustaining an inversion injury to the right ankle with a spiral fracture of the fibula and ankle dislocation. Medications are referenced as decreasing pain from 7/10 to 1-2/10 and allowing the claimant to continue working without restrictions as well as perform an exercise program including walking. When seen, he was requesting medication refills. Physical examination findings included a body mass index over 32. There was decreased right ankle range of motion with lateral malleolus, distal fibular, and anterior ankle tenderness. Norco was refilled for two months. The total MED (morphine equivalent dose) was 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved function including allowing the claimant to continue to work full time. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary. However, the claimant is being seen monthly. There would be no need to prescribe a two-month supply of medication, and the request is not medically necessary for this reason.