

Case Number:	CM13-0009390		
Date Assigned:	11/06/2013	Date of Injury:	03/24/2003
Decision Date:	01/14/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

03/24/03. Recent clinical assessment for review of 09/06/13 with [REDACTED] indicated continued subjective complaints of left foot pain and difficulty with ambulation with persistent discomfort. It states at that time that he was status post right total hip arthroplasty. Objectively, there was noted to be tenderness with left hip palpation with significantly reduced range of motion and difficulty with external and internal rotation. The claimant's diagnosis was status post right total hip arthroplasty in 2004 with lumbar radiculopathy, left hip degenerative arthritis, right knee internal derangement, and left ankle pain. The treatment plan at that time was for continuation of medications in the form of Norco and tramadol. The treating physician states that both medications were being used to limit the amount of Norco that was being utilized. He states that the claimant is taking this specifically for his "bone-on-bone" condition to the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10.325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids Page(s): 75, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Osteoarthritis Page(s): 84.

Decision rationale: The continued role of hydrocodone in this case cannot be supported. Based on California MTUS chronic pain medical treatment guidelines, the role of long-term use of opioids for osteoarthritis is lacking in evidence of long-term benefits or efficacy. The continued role of this short-acting analgesic for the long-term treatment of "bone-on-bone" osteoarthritis to the hip would not be supported.