

Case Number:	CM14-0008549		
Date Assigned:	02/12/2014	Date of Injury:	07/30/2001
Decision Date:	07/31/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/21/2014

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. The expert reviewer is Board Certified in Internal Medicine 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 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/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:

This is a 44-year-old male with a 7/30/01 date of injury. In a 1/18/14 progress note the patient reported that he has been experiencing constant intractable pain in his left hip that has been 8/10 without medications on a pain scale of 1-10. He still has some side-effects of nausea and dizziness with his current medications. He continues to ambulate with the aid of a cane and/or a walker. He says his current pain and discomfort is severely impacting his general activity and enjoyment of life, to include his ability to concentrate and interact with other people. Objective findings: range of motion of the lumbar spine were slightly-to-moderately restricted in all planes, multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, sensation to fine touch and pinprick was decreased in the left thigh and calf areas. Diagnostic impression: Mild left L4-5 and left S-1 radiculopathy, Intractable pain in left hip joint, status post total left hip replacement, chronic myofascial pain syndrome. Treatment to date: medication management, activity modification A UR decision dated 1/15/14 modified the request for Norco 10/325 mg from 90 tablets to 50 tablets for weaning purposes. The medical records do not clearly indicate a diagnosis, rationale, or functional benefit to support ongoing opioid treatment at this time, more than a decade after the initial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The previous UR decision dated 1/15/14 modified the request for Norco from 90 tablets to 50 tablets for weaning purposes because of lack of documentation of functional improvement and urine drug screens. However, in several progress notes from 6/6/13, 7/12/13, 10/17/13, 12/5/13, and 1/18/14, the physician states that with Norco, the patient has greater than 50% relief of pain. The patient's ability to function is significantly improved with the medication as the patient is able to perform activities of daily living more than 50% of the time. In addition, urine drug screens from 6/28/13, 10/25/13, and 1/3/14 were consistent for the use of hydrocodone. Guidelines support the use of opioid medications for ongoing treatment in this setting. Therefore, the request for Norco 10/325 mg, #90 is medically necessary.