MAXIMUS Federal Services

Case Number:	CM14-0103802		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 62-year-old woman who sustained a work related injury on May 4, 2010. Subsequently, she developed left hip pain. On January 9, 2013, the patient underwent left hip arthroscopic hip debridement, acetabuloplasty, and repair of the labrum. A June 4, 2010 MRI of the plevis showed non displaced fractures of the left superior and inferior pubic rami. There was associated mild strain of the adjacent left external obturator and adductor muscles. A January 14, 2011 CT pelvis showed good healing in progress of the left inferior and superior pubic rami fracture. A September 17, 2012 MRI of the left lower extremity showed tearing and detachment of the anterosuperior portion of the acetabular labrum, mild convexity of the femoral head/neck junction anteriorly, degeneration of the ligamentum near its foveal attachment, and previously demonstrated healing fractures of the superior and inferior pubic rami are not well evaluated. A February 20, 2014 CT of the pelvis without contrast showed findings consistent with an old fracture of the left pubic ring with very minimal deformity. There was no acute body change and no focal marrow abnormalities seen in the pelvis or proximal femurs. An April 2, 2014 MR arthrogram left hip showed linear full thickness tear anterior labrum. Findings revealed a vertical full thickness tear through the anterior labrum. According to an evaluation report dated May 22, 2014, the patient reports that since her 2013 surgery, the pain has never really subsided. The pain is described as constant, worse with sitting and walking. She has had an injection of cortisone after the surgery , which completely relieved the pain for 2 days, but then it recurred. Her physical examination revealed reduced range of motion of the left hip, and positive tenderness to palpation over the symphysis pubis. Positive anterior impingement sign was reported. Positive FABER sign. Negative internal snapping. Negative dial test. Negative Trendelenburg sign. Negative resisted internal rotation sign. The patient was diagnosed with status post left hip arthroscopy with continuing pain. A revision hip arthroscopy labral repair, capsular plication,

and femoroplasty and possible revision acetabuloplasty was recommended. The provider requested authorization to use Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Hydrocodone/Acetaminophen. There are no reports concerning urine drug screens for medication compliance or side effects monitoring. Therefore, the Prescription Norco is not medically necessary.