

Case Number:	CM14-0181830		
Date Assigned:	11/06/2014	Date of Injury:	11/11/2012
Decision Date:	12/15/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 48-year-old male with an injury date of 11/11/2012. Based on the 10/02/2014 progress report, the patient complains of having anterior hip pain with radiation into the groin. Certain movements like hip rotation caused more pain. The patient is limping and has been limiting his activity, but this has not helped. In regards to the right hip, range of motion is decreased as compared to the other side. The patient has a positive impingement on the right. The patient has "signs and symptoms consistent with internal derangement of the hip, possible labral tear." The 10/07/2014 report states that the patient has left shoulder pain, diffuse lower back pain, and bilateral buttock pain. He describes the pain as being aching and a stabbing sensation. He is currently working full time and his diagnoses include the following: 1.Lumbosacral spondylosis without myelopathy. 2.Sacroiliitis, not elsewhere classified. 3.Lumbar or lumbosacral disk degeneration. 4.Myalgia and myositis, not otherwise specified. 5.Pain in joint of upper arm. 6.Lumbago. 7.Spasm of muscle. 8.Electronic prescribing enabled. 9.Encounter for long-term use of other medications. The Utilization Review determination being challenged is dated 10/29/2014. Treatment reports were provided from 03/06/2014 - 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg twice daily as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 88 and 89, 78.

Decision rationale: According to the 10/07/2014 progress report, the patient complains of having left shoulder pain, diffuse lower back pain, and bilateral buttock pain. The request is for NORCO 10/325 mg twice daily as needed #60. The 10/07/2014 report indicates that the patient is in for a refill of Norco. There is no indication of when the patient began taking Norco. MTUS Guidelines pages 88 and 89 states, "the patient should be assessed at each visit, and functioning should be measured at 6-month interval 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. In this case, the treating physician fails to mention any specific changes in ADLs the patient may have had. There are no urine drug screens provided either. There are no discussions provided on any adverse side effects/behavior or any improvement in function or decrease in pain relief. No pain scales were provided. Therefore the request is not medically necessary.