

Case Number:	CM14-0026505		
Date Assigned:	07/02/2014	Date of Injury:	09/17/2013
Decision Date:	08/06/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 Medicine and Rehabilitation, 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 65-year-old gentleman with a date of injury of 9/17/13. The mechanism of injury was a slip and fall to his knees; he also put out his hands to break the fall. He had immediate pain at the thigh, left knee, left body, and groin. The patient had initial conservative care, including medications, modified activity, and physical therapy. Due to a lack of improvement, he was evaluated by an orthopedist on 12/16/14 and continued to be under the care of this orthopedist through the date of service in question. He has been diagnosed with left hip trochanteric bursitis, left hip moderate osteoarthritis, possible lumbar radiculopathy, and possible spine strain. On the date of service in question, the patient had persistent low back and left hip pain. Overall, pain was rated at 8/10. Further investigation is ordered with MRI of the left hip, as CT shows moderate osteoarthritis; there are no other findings. Electrodiagnostics are also ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 01/24/2014 Hydrocodone/APAP 10/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. In this case, the orthopedist is still doing investigation into the cause of ongoing symptoms. He also states his intention to wean off the opioid pain medication. Given that the medical pathology has not yet been clarified, clear documentation of the intent to wean off narcotics and the limited number of pills recommended, the request is deemed medically necessary.