

Case Number:	CM14-0038950		
Date Assigned:	06/27/2014	Date of Injury:	04/09/2010
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 56-year-old female who sustained a work related injury on 04/09/10 as result of breaking up an altercation at a juvenile detention facility when her left leg was injured. Since then she has had a complaint of left hip pain and has undergone arthroscopy on 09/21/12 to repair the labrum and an osteoplasty of the femoral neck and acetabulum. Imaging studies (MRI) demonstrate worsening osteoarthrotic conditioning of the hip that had worsened when compared to previous studies performed a year prior. Documented on a handwritten PR-2 dated 1/27/14 the patient reports 8/10 pain with medication use, 10/10 without it. She has tenderness to palpation along the anterior hip capsule, greater trochanter, gluteus and TFL. She has a decreased range of motion, a positive Faber and is favoring her right lower extremity. The patient is awaiting authorization for a left hip total arthroplasty. Aside from medications, she has received a single Synvisc injection to the left hip. The patient has also received platelet rich plasma injection to the hip at time of her arthroscopy. Additionally, she complains of left knee pain. In dispute is request for Norco 10mg, count 120 and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10MG, count 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 88, 91.

Decision rationale: Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic- H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Therefore, Norco 10MG, count 120 is medically necessary.

Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 94.

Decision rationale: Urine Drug Screening: because of the inherent possibility of addition, misuse and abuse, urine drug screening is a tool for monitoring for appropriate use of the medication prescribed as well as monitoring for abuse of substances not prescribed. Frequent random urine toxicology screening is a means available to perform monitoring that is non-invasive and cost effective. Appropriate monitoring of patients utilizing opioid pain medications is essential. I find the request for Urine drug screen is medically necessary.