

Case Number:	CM14-0042427		
Date Assigned:	06/30/2014	Date of Injury:	07/30/2010
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 34-year-old male who reported an injury on 07/20/2010 caused by unspecified mechanism of injury. The injured worker had a history of hip and groin pain that radiates down to the right leg. There was no diagnosis given for review. The diagnostics included a urinalysis dated 05/09/2014 and the 05/05/2014 clinic progress note; no other diagnostics had been performed. The medication included Gabapentin 300 mg and Norco 10/325 mg with a reported pain of 3/10. Per the clinical note on 05/09/2014, the lumbar spine revealed flexion of 60 degrees and extension of 15 degrees. The lower extremity examination was negative for tenderness or edema. The lower extremity muscle testing was 5/5, with no abnormalities, and reflexes were +2 bilaterally. The injured worker did have a history of a right inguinal hernia repair. The treatment plan included refill of Norco 10/325 mg, Gabapentin 300 mg and urine toxicology screening. The request for authorization was not submitted with the documentation and no rationale for the Norco was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 TABLETS OF NORCO 10/325MG, 0 REFILL, RELATED TO GROIN, HIP AND RIGHT LEG PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)ACOEM-<http://www.acoempracguides.org/Low Back>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going Pain Management Page(s): 78.

Decision rationale: The request for 180 tablets of Norco 10/325 mg, for groin, hip, and right leg pain is medically not necessary. The California MTUS Guidelines state that Norco is a short acting opioid, which is an effective method of controlling chronic, intermittent, and breakthrough pain. The California MTUS Guidelines do recommend for ongoing monitoring of the pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation provided did not indicate any side effects or the occurrence of any potentially aberrant or non-adherent drug related behaviors. The documentation also did not provide evidence of opioid medication management or pain relief. The documentation did not address any side effects. The urinalysis was inconsistent with a positive finding for Marijuana, Marijuana Metabolite, Hydrocodone-Dihydrocodeinone, and Hydromorphone- Dihydromorphinone; these medications were not addressed within the clinical notes provided. The request did not address the frequency therefore, this request is not medically necessary.