

<b>Case Number:</b>	CM14-0055584		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/12/1989
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Preventative Medicine and is licensed to practice in Iowa. 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 patient is a 65 year old employee with date of injury of 12/12/1989. Medical records indicate the patient is undergoing treatment for chronic hip pain; left total hip arthroplasty revision (x2); probable loose prosthetic stem and intractable pain. On 4/14/2014, subjective complaints included no change in hip pain and pain with ambulation. Objective findings include left antalgic gait with a cane. He has catching in the groin with range of motion (ROM) testing, which caused sharp pain. He has no flexion contracture and can flex to 120 degrees; 40 degrees of abduction; 30 degrees of internal rotation and 30 degrees adduction; 20 degrees external rotation; sharp hip pain with straight leg raising; normal neurovascular exam; equal and brisk deep tendon reflexes and no pathologic reflexes. He has normal alignment of the left lower extremity and equal leg lengths. Treatment has consisted of Oxycontin; Norco and Celebrex. The utilization review determination was rendered on 4/19/2014 recommending non-certification of Norco 10/325 mg #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In addition, two tablets every 4 hours exceed the maximum recommended dosage of 60mg in 24 hours. It should be noted multiple reviewers modified the prescription to be within the daily limit previously. Weaning the patient was recommended on 11/1/13 and multiple subsequent reviews. The utilization reviewer on 4/18/14 recommended continued weaning. As such, the question for Norco 325/10mg # 240 is not medically necessary.