

Case Number:	CM14-0188022		
Date Assigned:	11/18/2014	Date of Injury:	09/02/2010
Decision Date:	01/16/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 49-year-old male who was injured on 9/2/10 when he was lifting and lowering a box, resulting in right groin pain. He complained of right lower quadrant abdomen pain and right groin pain. On exam, he had right lower quadrant palpable hernia, tender to palpation, and positive Valsalva maneuver. A 4/2011 CT of abdomen/pelvis did not show any acute findings or hernia. He was diagnosed with a possible right inguinal hernia and rule out left inguinal hernia. Diagnosis was difficult with differing opinions. Muscle strain was another thought. His medication included Norco which was documented as 4 tablets a day. A 4/2012 urine toxicology did not detect hydrocodone. An 11/2014 urine drug screen was also negative for opiates. He had complaints of constipation. The current request is for additional Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without quantitative documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning. The patient had two UDS which were inconsistent, which is concerning for aberrant behavior. It is unclear by the chart how often the patient requires the use of opiates for pain relief, 4x/day versus as needed. There are no clear plans for future weaning, or goal of care. The patient also suffered from constipation which is a common side effect of opioids. Because of these reasons, the request for Norco is not medically necessary.