

Case Number:	CM15-0132502		
Date Assigned:	07/20/2015	Date of Injury:	06/22/2008
Decision Date:	08/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 was a 51 year old female, who sustained an industrial injury, June 8, 2008. The injured worker previously received the following treatments Floricet, Lidoderm Patches, Lorazepam, Prosom, Citalopram, Anaprox, Norco, Axid, Ultracin lotion and random toxicology laboratory studies were negative for any unexpected findings. The injured worker was diagnosed with status post right total hip replacement on October 6, 2014 and left hip sprain/bursitis bilateral hips were amended. According to progress note of May 28, 2015, the injured worker's chief complaint was left hip pain over the trochanter. The injured worker used a walker for ambulation. The physical exam noted tenderness with range of motion, flexion of 45 degrees, extension of 15 degrees, abduction of 18 degrees, adduction of 10 degrees, left rotation of 22 degrees and right rotation of 20 degrees. The treatment plan included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 7.5/325mg 1 PO Q6H PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids for chronic pain and Opioids, long-term assessment and Opioids, pain treatment agreement Page(s): 78-80 and 80-84 and 88-89 and 89.

Decision rationale: Norco tab 7.5/325mg 1 PO Q6H PRN #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. Opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies" or neuropathic pain. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on with specific functional goals, return to work, or an updated signed opioid contract. MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation does not indicate that the patient has had an increase in function on opioids. The 6/24/15 document indicates that the patient is failing to progress as expected with treatment. The request for continued Norco is not medically necessary.