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| Case Number: | CM15-0133095 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 02/03/2011 |
| Decision Date: | 09/18/2015 | UR Denial Date: | 07/08/2015 |
| 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: New Jersey

Certification(s)/Specialty: Family Practice

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 59-year-old male, who sustained an industrial injury on February 3, 2011. He reported bilateral hip pain and low back pain. The injured worker was diagnosed as having chronic lumbar spinal stenosis with lumbar radiculopathy, bilateral hip impingement syndrome and status post right hip surgery. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right hip, right hip cortisone injection, TENS unit, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued bilateral hip pain and low back pain with associated radicular symptoms of the lower extremities. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 27, 2015, revealed continued bilateral hip pain and low back pain. Norco was renewed. Evaluation on May 6, 2015, revealed constant severe low back pain radiating to both legs, right worse than the left and bilateral hip pain. He reported the hip pain was improved since injection of the right hip however, he reported the low back pain was severe. The physician suggested surgical intervention of the lumbar spine but he refused at this time. Straight leg test was positive, range of motion was decreased in the lumbar spine and neurological deficits were reported. It was noted he walked with a normal gait and had no difficulty walking on his heels or toes. He had no difficulty hopping or squatting. Norco was continued. A right hip intra-articular injection with fluoroscopic guidance with conscious sedation and right hip arthrogram was performed on June 4, 2015. Norco 10/325mg Qty: 240 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 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 rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, this full review, if completed, was not documented as being performed, with no documentation of specific functional gains and measurable pain level reductions directly related to Norco use in the past. Although the provider states that this medication is being used to treat the worker's pain, this needs to be described in more detail in order to justify its continuation. Without this full review for Norco being completed, the Norco is not medically necessary at this time. Weaning may be indicated.