

<b>Case Number:</b>	CM15-0135310		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Arizona, California

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 54 year old male, who sustained an industrial injury on 02-28-2013 secondary to a slip and loss of balance without a fall, resulting in a low back and left hip pain. The injured worker was noted to be status post left hip arthroscopy with labrum resection on 02-12-2015. On provider visit dated 06-19-2015 the injured worker has reported pain. On examination of the left hip generalize tenderness around the trochanter and into the groin and very painful with motion was noted. Weakness in the joint with difficulty mobilizing because of pain was noted. The diagnoses have included hip degenerative arthritis, hip labral tear and hip pelvis pain. Treatment to date has included medication which included Norco and physical therapy. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted with medication regimen. The provider requested Mobic and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. The claimant was on opioids as well. Long-term Mobic use has renal and GI risks. Continued use of Mobic is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78-91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. The claimant was taking Norco only as needed indicating a regular regimen is not required. There was no mention of Tylenol or weaning failure. The continued use of Norco is not medically necessary.