

Case Number:	CM15-0149892		
Date Assigned:	08/13/2015	Date of Injury:	12/22/2011
Decision Date:	09/22/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/03/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 44 year old male who sustained an industrial injury on 12-22-2011 resulting in injury to the low back, left hip and left knee. Treatment provided to date has included: physical therapy; injections; medications; and conservative therapies and care. Recent diagnostic testing included: CT scan of the left hip (2015) showing a CAM type deformity of the left femoral head-neck junction with an increased alpha angle of 62°; MRA of the left hip (2013) showing evidence of a small superior labral tear; and electrodiagnostic testing of the lower extremities (2015) showing no evidence of lumbosacral radiculopathy, plexopathy or peripheral nerve entrapment. Other noted dates of injury documented in the medical record include: 1993- 1994. There were no noted comorbidities. On 07-10-2015, physician progress report noted complaints of left knee and left hip pain. The pain was rated 4 out of 10 in severities and was described as aching, dull, sharp and frequent. Current medications include Norco, Soma and Prilosec. The injured worker reported that the Norco and Soma was relieving about 70% of his pain without side-effects. It was noted that several months earlier, the physician had instructed the injured worker to taper Norco as tolerated. Per the clinical notes, no weaning had taken place despite multiple recommendations. The physical exam revealed that the injured worker smelled heavily of alcohol, normal inspection of the left knee with normal range of motion, ability to complete on third of a squatting maneuver, asymmetrical gait, and tenderness to palpation at the left greater trochanter area. The provider noted diagnoses of left knee pain - chondromalacia, left hip pain - possible labral tear, and probable greater trochanteric bursitis. Plan of care includes current refill prescription for Norco with 2 additional prescriptions for Norco 10-325mg #180, a current refill prescription for Soma with 2 additional refills,

weaning as tolerated, increase activity levels, and follow-up in 3 months. The injured worker's work status was noted as permanent and stationary. The request for authorization and IMR (independent medical review) includes: hydrocodone 10-325mg #180 (predated for 08-07-2015) and hydrocodone 10-325mg #180 (predated for 09-04-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 MG #180 (Predated for 8/7/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2011 with injury to the low back, left knee and left hip. There was subjective improvement with the medicine without side effects. The worker was instructed to taper the opiates, but per the notes, no weaning has taken place. No objective, functional improvement is documented out of the usage. The current California web-based MTUS collection was reviewed in addressing this request. In regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. Also, automatic prescription or predated prescriptions, especially for strong medicines like opiates, is not prudent without current clinical evaluation. The request for the opiate usage is not certified per MTUS guideline review and therefore is not medically necessary.

Hydrocodone 10/325 MG #180 (Predated for 9/4/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: As shared previously, this claimant was injured in 2011 to the low back, left knee and left hip. There is subjective improvement with the medicine without side effects. The worker was instructed to taper the opiates, but per the notes, no weaning has taken place. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) if there is

no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Also, automatic prescription or predating prescriptions, especially for strong medicines like opiates, is not prudent without current clinical evaluation. The request for the opiate usage is not certified per MTUS guideline review and therefore is not medically necessary. The request for the opiate usage is not certified per MTUS guideline review.