

Case Number:	CM15-0185799		
Date Assigned:	09/28/2015	Date of Injury:	01/13/2014
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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, 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 57 year old male, who sustained an industrial injury on 1-13-14. The injured worker was diagnosed as having pain in joint pelvis thigh and right greater trochanteric bursitis. The physical exam (3-16-15 through 7-17-15) revealed 4 out of 10 pain, "well-preserved" range of motion and disturbed sensation in the anterior portion of the left thigh. Treatment to date has included physical therapy (number of sessions not documented), a TENS unit, an EMG-NCS of the lower extremities on 6-25-15 showing abnormal results suggestive of an underlying sensory polyneuropathy, left hip injections x 3 (dates of service not documented) and a right hip cortisone injection on 2-2-15 with no benefit. Current medications include Ketamine cream, Prilocaine cream, Nortriptyline, Tylenol with codeine and Norco (since at least 5-22-15). Other medication list includes Gabapentin, Percocet and Ibuprofen. As of the PR2 dated 8-24-15, the injured worker reports chronic bilateral hip pain. Objective findings include "well-preserved" range of motion in the bilateral hips, tenderness to palpation over the right posterior hip and disturbed sensation in the anterior portion of the left hip. There is no documentation of current pain level or pain levels with and without medications. The treating physician requested Norco 10-325mg #30. The Utilization Review dated 9-8-15, non-certified the request for Norco 10-325mg #30 and certified the request for Nortriptyline 10mg #30. The patient sustained the injury due to slip and fall incident. The patient had used a TENS unit for this injury. The patient had received an unspecified number of PT visits for this injury. The patient has had MRI of the right hip on 9/10/14 that revealed labral tear and degenerative changes. The patient's surgical history includes right shoulder surgery in 2002. The patient has had UDS on 3/16/15 that was positive for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco 10/325mg #30. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The patient has had an EMG-NCS of the lower extremities on 6-25-15 showing abnormal results suggestive of an underlying sensory polyneuropathy. Patient had received left hip injections x 3 and a right hip cortisone injection on 2-2-15. As of the PR2 dated 8-24-15, the injured worker reports chronic bilateral hip pain. Objective findings include tenderness to palpation over the right posterior hip and disturbed sensation in the anterior portion of the left hip. The patient has chronic pain and there are significant abnormal objective findings. There is no evidence of aberrant behavior. The patient has had a trial of NSAIDs, Gabapentin and Nortriptyline for this injury. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/325mg #30 is medically necessary and appropriate in this patient.