

Case Number:	CM15-0197282		
Date Assigned:	10/12/2015	Date of Injury:	06/08/2011
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 36-year-old male who sustained an industrial injury on 6-8-2011. Diagnoses have included chronic hip pain and ligament injury-bursitis. Diagnostic tests include an MRI dated 11-28-2012 showing superior labral tear with chondral labral separation and displacement of the labrum. MRI before that dated 12-13 11 had no ligamentous tears, but the labrum of the hip was noted as being "not optimally evaluated." Documented treatment includes medication including Zolpidem, Meloxicam, and Norco. The Norco is present in the medical record for at least six months. Other treatment is not discussed. On 9-15-2015 the injured worker reported left hip pain which increases while getting in and out of the car. Previous note of 8-12-2015 stated pain was aggravated with standing, walking and climbing stairs. It was characterized at that time as "sharp" and "stabbing." Pain medication needs are stated to have increased and the physician states he "now has to take two hydrocodone," which helps with sleep and pain. Pain at this visit is noted as 7 out of 10 on the left side and left hip. Six months prior, in 3-2015, the injured worker was reporting 10 out of 10 pain levels. Objective examination noted an antalgic gait. The treating physician's plan of care includes a request for Norco 5-325 mg, 60 tablets. This was modified to 30 tablets on 9-30-2015. The medical records provided do not discuss urine drug screening, opioid contract, or medication behaviors. The injured worker is on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. Page 79, 80 and 88 of 127. This claimant was injured over 4 years ago; the patient was on Norco now for at least 6 months. The need for opiates is increasing. Objective functional improvement out of the regimen is not noted. 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. Moreover, 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. The request for the opiate usage is not medically necessary per MTUS guideline review.