

Case Number:	CM15-0205445		
Date Assigned:	10/22/2015	Date of Injury:	05/27/2011
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 53 year old male who sustained an industrial injury on 5-27-11. The injured worker reported pain in the bilateral hips and groin. A review of the medical records indicates that the injured worker is undergoing treatments for right carpal tunnel syndrome, bilateral hip pain, bilateral hip internal derangement and bilateral hip osteoarthritis. Provider documentation dated 9-18-15 noted the work status as temporary totally disabled. Treatment has included electromyography, status post right hip surgery, Norco since at least March of 2015, right wrist radiographic studies, and Ibuprofen since at least April of 2015. Objective findings dated 9-18-15 were notable for restricted bilateral hip range of motion, "heel walking was abnormal and created right hip pain with antalgic gait favoring the right hip." The treating physician indicates that the urine drug testing result (9-4-14) showed no aberration. The original utilization review (10-13-15) partially approved a request for Hydrocodone 10-325 mg (times 2 refills) QTY 180.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg (times 2 refills) QTY 180.00: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is evidence of significant pain relief and increased function from the opioids used to date. However, the DEA does not allow for refills of schedule II substances. Therefore, the request for Norco 10/325 mg #180 with 2 refills is not medically necessary or appropriate.