

<b>Case Number:</b>	CM15-0029637		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43-year-old male who reported an injury on 05/04/2013. The mechanism of injury occurred while trying to flip a cart. His diagnoses include myofascial pain syndrome, chronic hip pain, status post right hip surgery, sprain of the hip, and chronic pain syndrome. His past treatments included physical therapy, acupuncture, surgery, a cane, and medications. On 01/06/2015, the injured worker complained of right hip pain. The physical examination revealed point tenderness over the right inguinal area over the inferior rectus abdominis with a positive twitch response to palpation and referred pain into the groin at the right hip. The treatment plan included a request for Norco and Neurontin for chronic pain along with chiropractic treatment for muscle strengthening and stretching and trigger point injection for the twitch response. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg BID PRN #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The injured worker was indicated to have chronic hip pain post-surgically. However, there was a lack of documentation in regard to objective functional improvement and an objective decrease in pain from medication use. There was also a lack of documentation in regard to evidence of monitoring for side effects and aberrant drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.