MAXIMUS Federal Services

Case Number:	CM15-0223309		
Date Assigned:	11/19/2015	Date of Injury:	06/07/2002
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts
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 51 year old female who sustained an industrial injury on 6-7-02. The injured worker reported hip discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral sacroiliac join pain, lumbar degenerative disc disease, lumbar radiculopathy, right hip avascular necrosis with right total hip replacement status post fall on 8-23-15 with treatment in the Emergency Department. Medical records dated 9-2-15 indicate pain rated at 8 out of 10. Provider documentation dated 9-2-15 noted the work status as permanent and stationary. Treatment has included Norco since at least April of 2015, lumbar spine magnetic resonance imaging, Soma since at least April of 2015, status post lumbar fusion (7-26-12), crutch for ambulation, status post left hip decompression (7-16-14) and physical therapy. Objective findings dated 9-2-15 were notable for thoracolumbar range of motion deferred "as the patient is not allowed to bend, lift or stretch. Patient is awaiting left total hip replacement" ambulation is with the assistance of a cane and with a noted limp, tenderness to the knees at the medial or lateral joint line. The original utilization review (11-4-15) partially approved a request for Norco 7.5-325mg qty 360.00 and Dilaudid 4mg qty 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg qty 360.00: Upheld

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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2002 when she slipped and fell while working as a Food Service Technician with injury to the low back, hip, and both knees. She underwent a left hip decompression with bone grafting for avascular necrosis in July 2014. She was seen by the requesting provider in September 2015. She had been seen two months before. She was having episodes of frequent falling and had fallen less than 10 days before and had been seen in an Emergency Room. She was paying for medications out-of-pocket. She felt unable to function without Norco. She was awaiting approval for a left total hip replacement. She had pain rated at 8/10. She reported that Norco was taking the edge off most times without significant side effects. She wanted a prescription for Dilaudid for postoperative pain as she wanted to be prepared if she were to undergo left hip surgery. She was continuing to take Soma without side effects. Physical examination findings included ambulating with a cane. She has a body mass index of nearly 33. Range of motion of the spine and left hip was deferred. Norco 7.5/325 mg every six hours was prescribed. A prescription was provided for Dilaudid 4 mg #60 and for Norco #360. Norco (hydrocodone / acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. The quantity being requested would represent a three month supply of medication which is excessive. The request cannot be accepted as being medically necessary for either of these reasons.

Dilaudid 4mg qty 60.00: Upheld

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: The claimant has a remote history of a work injury occurring in June 2002 when she slipped and fell while working as a Food Service Technician with injury to the low back, hip, and both knees. She underwent a left hip decompression with bone grafting for avascular necrosis in July 2014. She was seen by the requesting provider in September 2015. She had been seen two months before. She was having episodes of frequent falling and had fallen less than 10 days before and had been seen in an Emergency Room. She was paying for medications out-of-pocket. She felt unable to function without Norco. She was awaiting approval for a left total hip replacement. She had pain rated at 8/10. She reported that Norco was taking the edge off most times without significant side effects. She wanted a prescription for Dilaudid for postoperative pain as she wanted to be prepared if she were to undergo left hip surgery. She was continuing to take Soma without side effects. Physical examination findings included ambulating with a cane. She has a body mass index of nearly 33. Range of motion of the spine and left hip was deferred. Norco 7.5/325 mg every six hours was prescribed. A prescription was provided for Dilaudid 4 mg #60 and for Norco #360. Criteria for the use of opioids include an assessment of

pain and response to non-opioid analgesic medications. When requested, the claimant wanted a prescription for Dilaudid in case she were to undergo left hip surgery. In this case, no surgery has been scheduled. Without assessing pain following the procedure, predicting a need for opioid medication would not be possible. Prescribing an opioid medication prior to undergoing the surgery under consideration is not appropriate or medically necessary.