

<b>Case Number:</b>	CM15-0048370		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	12/29/2009
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 62 year old male, who sustained an industrial injury on December 29, 2009, incurring hip injuries after a fall. He was diagnosed with degenerative joint disease of bilateral hips. He underwent a left total hip arthroplasty in May, 2012 and a right total hip arthroplasty in April, 2014. Treatment included pain medications, cane for mobility, physical therapy, pool therapy and activity restrictions. Currently, the injured worker complained of persistent right and left hip pain radiating into the pelvis and groin area. He noted difficulty with prolonged walking and standing with numbness, tingling and tenderness. He was diagnosed with greater trochanteric bursitis of the left hip. The treatment plan that was requested for authorization included a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in December 2009 and underwent a left total hip replacement in May 2012 and right total hip replacement in April 2014. When seen, he was having ongoing pain rated at 4-6/10. He was having radiating right lower extremity pain and right groin pain. He was having right shoulder pain due to difficulty sleeping on his left hip. Physical examination findings included decreased hip range of motion with right lower lumbar include healed tenderness. There was greater trochanteric tenderness. Norco, Motrin, and Prilosec were refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often 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 providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.