

Case Number:	CM15-0054966		
Date Assigned:	03/30/2015	Date of Injury:	07/23/2004
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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, Illinois

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 48 year old male, who sustained an industrial injury on 7/23/2004. He reported a piece of lumbar shooting from a machine and striking him in the left groin. The injured worker was diagnosed as having depression, brachial neuritis or radiculitis, lumbar radiculopathy, pelvic fracture, femur fracture and status post-surgery to correct penetrating trauma to the left groin. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/12/2015, the injured worker complains of left groin and left lower extremity pain and low back pain. The treating physician is requesting Hydrocodone (Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Norco 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 7/23/2004. The medical records provided indicate the diagnosis of depression, brachial neuritis or radiculitis, lumbar radiculopathy, pelvic fracture, femur fracture and status post-surgery to correct penetrating trauma to the left groin. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Hydrocodone Norco 5/325 mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been on treatment with opioids for several years without overall improvement in pain and function. The records indicate the injured worker is not well monitored for pain control, adverse effects, activities of daily living and aberrant behavior. Therefore, this request is not medically necessary.