

Case Number:	CM14-0148498		
Date Assigned:	09/18/2014	Date of Injury:	07/10/1995
Decision Date:	12/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female with a 7/10/95 injury date. The mechanism of injury was trauma to the hip and knee during airplane turbulence. The patient is currently disabled and has had a series of hip labral surgeries. She has been taking Norco for at least several months. A 6/19/14 urine drug screen was negative for hydrocodone. In an 8/4/14 follow-up, the patient complained of 5/10 pain with Norco and 9/10 pain without it. There was a severe left hip flare up of pain 1.5 weeks prior. She was so upset with the denial of medication and physical therapy that she had panic attacks. Objective findings included 1+ patellofemoral crepitation, bilateral hip internal rotation to 40 degrees, right hip external rotation to 30 degrees, left hip external rotation to 25 degrees with left groin pain, and positive Patrick's test causing left groin pain. Diagnostic impression: left hip osteoarthritis. Treatment to date: left hip arthroscopy (3/2014), medications, Norco, physical therapy. A UR decision on 8/28/14 modified the request for Norco 7.5/325 mg #30 to allow for Norco 7.5/325 mg #30 to permit weaning to discontinue, with a recommended duration of 3 months. The rationale was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use; On-going Man.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1995 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the ongoing use of opiates for a chronic condition such as osteoarthritis of the hip is not recommended. Therefore, the request for Norco 7.5/325 mg #30 is not medically necessary.