

Case Number:	CM14-0094147		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2011
Decision Date:	06/15/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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. 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
Certification(s)/Specialty: Internal 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 43 year old male who sustained an industrial injury on 10/31/11. The mechanism of injury is unclear. He currently complains of persistent pain in the lumbar spine with pain in the lateral aspect of his thigh and femur. He uses a cane for ambulation. Medications are Norco, orphenadrine, Medrox ointment. On physical exam he exhibits tenderness on palpation of paravertebral muscles of the lumbar spine with spasm and restricted range of motion. He has positive straight leg raise on the right and decreased sensation in the right foot; hips show bilateral decreased range of motion. Diagnoses include ill-defined internal injury without open wound into cavity; closed pelvic fracture; fracture of femur, status post rodding of the right femur. He completed physical therapy with mild relief; had a hip injection with improvement in symptoms. In the progress note dated 6/5/14 the treating provider's plan of care requests Norco 10-325 mg twice per day # 60; follow up with orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) APAP 10/325mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Hydrocodone (Vicodin, Lortab): Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. The progress report dated 6/2/14 documented that the patient complained of pain in the right shoulder and pain at the hernia surgery site. The patient noted that he was seeing the orthopedic surgeon and an urologist for urological issues. Recent examination findings included tender lumbar paravertebral muscles, lumbar spasm, decreased lumbar range of motion, a positive right straight leg raise, decreased sensation in the right foot, decreased bilateral hip range of motion, right greater trochanter tenderness, a well-healed scar over the left lower quadrant of the abdominal area, scarring throughout the abdominal area, lower abdomen firmness and tenderness, and no erythema or edema. The patient was diagnosed with internal injury without open wound into cavity, closed fracture of pelvis, femur fracture, and postsurgical status. The date of injury of 10/31/11. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. Per ACOEM, opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Per MTUS, frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. The request for Norco 10/325 mg #60 with 2 refills is not supported by MTUS guidelines. Therefore, the request for Hydrocodone (Norco) APAP 10/325mg #60 with 2 refills is not medically necessary.

1 follow up with an orthopedic surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127. Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The orthopedic surgeon's report dated 6/11/14 documented a history of right femur fracture, and intramedullary rodding of the right femur. The progress report dated 6/2/14 documented that the patient complained of pain in the right shoulder and pain at the hernia surgery site. The patient noted that he was seeing the orthopedic surgeon and an urologist for urological issues. Recent examination findings included tender lumbar paravertebral muscles, lumbar spasm, decreased lumbar range of motion, a positive right straight leg raise, decreased sensation in the right foot, decreased bilateral hip range of motion, right greater trochanter tenderness, a well-healed scar over the left lower quadrant of the abdominal area, scarring throughout the abdominal area, lower abdomen firmness and tenderness, and no erythema or edema. The patient was diagnosed with internal injury without open wound into cavity, closed fracture of pelvis, femur fracture, and postsurgical status. The date of injury of 10/31/11. The patient has a history of right femur fracture, and intramedullary rodding of the right femur. The medical records indicate that the patient would benefit from the expertise of an orthopedic surgeon. The request for a follow-up office visit with an orthopedic surgeon is supported by MTUS, ACOEM, and ODG guidelines. Therefore, the request for one follow up with an orthopedic surgeon is medically necessary.