

Case Number:	CM15-0113537		
Date Assigned:	06/19/2015	Date of Injury:	12/22/2011
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 43 year old male, who sustained an industrial injury, December 22, 2011. The injury was sustained when the injured worker ducked down really quick and experienced a pop and sharp pain in the left hip, to prevent being hit with sheet metal being blown by the wind. The injured worker also had pain in the low back and left knee. The injured worker had immediate swelling at the left hip. The injured worker previously received the following treatments left hip CT scan on February 11, 2015, lumbar spine MRI which showed 4- 5mm disc protrusion at L4-L5 and L5-S1 with a left sided L5 and S1 radiculopathy, Soma, Norco, Naprosyn and Prilosec. The injured worker was diagnosed with left hip pain status post arthroscopic surgery of the left knee of meniscus tear and left hip for a labrum tear, left hip trochanteric bursitis, lumbar radiculopathy and left knee chondromalacia. According to progress note of April 27, 2015, the injured worker's chief complaint was stiffness, catching and sharp burning pain in the left knee. The injured worker reported no improvement in symptoms since last visit. The injured worker report stomach upset with mediations and states that Prilosec helped these symptoms. However the symptoms returned after stopping the Prilosec. The physical exam noted of the left knee was normal. The left knee pain was possibly chondromalacia. There was tenderness with palpation at the left greater trochanter area. The left hip pain was a possible acetabular tear. The pain was worse after the injection. The injured worker has surgery pending. The primary treating physician was recommending weaning of mediations and increasing activity as able. The treatment plan included prescriptions for Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a longtime without clear evidence of spasm or exacerbation of his pain. There is no justification for prolonged use of Soma. Therefore, the request for Soma 350mg #30 is not medically necessary.

