

Case Number:	CM15-0172423		
Date Assigned:	09/14/2015	Date of Injury:	01/29/2014
Decision Date:	10/14/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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 55 year old female who sustained an industrial injury on 01-29-2014. Current diagnoses include osteoarthritis local primary pelvis, and aseptic necrosis head-neck femur. Report dated 07-01-2015 noted that the injured worker presented for follow up of hip pain. Pain level was 5 (with medications) out of 10 on a visual analog scale (VAS). Current medications include Norco, ibuprofen, and Neurontin. Physical examination was positive for an antagait gait, pain with internal rotation of the left hip, tenderness in the lumbosacral area extending to the buttock, and restricted flexion and extension of the lumbar spine. Previous treatments included medications, and epidural steroid injection. The treatment plan included requests for Norco prescribed on 07-12-2015 and another prescription to be filled on 08-11-2015. The prescribing physician noted that the medication allows her to function and move around. Request for authorization dated 08-12-2015, included requests for Lunesta, and hydrocodone-acetaminophen. The utilization review dated 08-19-2015, non-certified the request for hydrocodone 10-325mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for osteoarthritis.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for left hip pain. She has a diagnosis of advanced osteoarthritis and hip replacement surgery is being considered. Medications are referenced as decreasing pain from 10/10 to 5/10 and allowing her to function and move around. When seen, there was an antalgic gait with use of a cane. There was pain with hip motion. There was decreased lumbar spine range of motion with tenderness extending into the left buttock. Hydrocodone was being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Prior assessments reference consideration of sustained release hydrocodone. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with her history of his osteoarthritis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved tolerance for mobility related activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. The request is medically necessary.