

Case Number:	CM15-0092361		
Date Assigned:	05/18/2015	Date of Injury:	06/08/2011
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/13/2015

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: California, Indiana, New York
 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 35 year old male, who sustained an industrial injury on 6/8/2011. He reported left hip pain after falling out of an elevator backwards, when the elevator did not stop correctly. The injured worker was diagnosed as having chronic left hip pain, possibility of left hip joint ligament injury, insomnia secondary to pain. Treatment to date has included medications, physical therapy, H-wave, lumbar epidural steroid injections, The records indicated magnetic resonance imaging of the left hip on 12/13/11, showed no abnormalities, repeat magnetic resonance imaging of the left hip on 11/28/2012, showed a superior labral tear with chondral labral separation and displacement of the labrum inferiorly and medially. The magnetic resonance imaging reports are not available for this review. A bone scan on 10/24/2014, showed spots related to prior fractures. The request is for Norco. On 2/24/2015, he reported his left hip pain to be tolerable, and rated it a 7/10. He indicated that his current medications help and he needed a refill. The medications listed are: Norco, Ibuprofen, and Zolpidem. On 3/24/2015, he complained of persistent left hip pain. He rated his pain 10/10 in severity. He described the pain as throbbing, and associated with intermittent clicking during movement. The pain is aggravated by climbing stairs, standing and walking. He has been utilizing an H-wave unit, and reported that it helps. He has been working full time. The records are not clear as to when he began utilizing Norco, what providers are prescribing the medication, how it relieves his pain, and how it affects his ability to function, or if he is experiencing any side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic left hip pain; possibility of left hip joint ligament injury; and insomnia secondary to pain. Documentation from the medical record shows Norco was started January 21, 2015. In a February 24, 2015 progress note the VAS pain score was 7/10 with left hip pain. The most recent progress note in the medical record states the VAS pain score is 10/10 with the pain. There is no subjective improvement in pain based on the medical record documentation. There is no objective functional improvement documented in the medical record with ongoing Norco 5/325 mg. Additional medications are Zolpidem and ibuprofen. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. As noted above, there is no documentation demonstrating objective functional improvement to support ongoing Norco 5/325 mg. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing long-term Norco use, risk assessments and detailed pain assessments and an attempt to wean, Norco 5/325mg #60 is not medically necessary.