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| Case Number: | CM13-0030956 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 03/02/2009 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 09/24/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in sports medicine and is licensed to practice in New York and Texas. 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 physician 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:

The patient is a 36-year-old male who reported an injury on 03/02/2009. The patient was seen by [REDACTED] on 09/12/2013. Physical examination revealed tenderness over the greater trochanter on the left, painful passive range of motion, and positive Faber maneuver. The patient is diagnosed with a history of ORIF procedure, left hip fracture, ongoing hip pain, possible underlying traumatic arthritis and tendinopathy in the hip joint. Treatment recommendations included continuation of current medication. ❄️

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient presents with 8/10 pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.