

Case Number:	CM14-0002459		
Date Assigned:	05/07/2014	Date of Injury:	01/26/2004
Decision Date:	07/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

This is a 62-year-old male patient with a 1/26/04 date of injury. The patient was moving an empty pallet jack when stepped down and fell on a receiving dock. He landed on the diamond plate steel, which caused a right hip injury. In 2006, he had x-rays of both hips. He was diagnosed with greatly reduced joint space in the right hip. In 03/2007, he underwent right hip replacement surgery. On 11/21/13, he had an x-ray of his left hip, which demonstrated significant lateral and superior migration with bone-on-bone changes and hypertrophic bone with a limb length discrepancy of the left lower extremity. In addition, His current main complains was constant left hip pain, which was located over the medial groin and lateral hip. The pain radiated to the knee and calf. The patient was seen on 12/9/13 with complaints of constant left hip pain, which was located over the medial groin and lateral hip. Physical exam findings of the left hip demonstrated tenderness to palpation, limited flexion, near full extension, and limited abduction. He was diagnosed with bilateral hip arthrosis, and compensatory cornice lumbar strain. The patient stated he was taking 3-4 tablets of Percocet per day and reported pain level changes from 8/10 to 4/10. A urine drug screen dated 08/12/13 was negative for opiates. A 10/01/13 urine drug test was noted to be negative for hydrocodone, and it was noted to have been prescribed at the time, however the results were not available for review. Treatment to date: Motrin 800mg, muscle relaxants, opiates, TENS unit, physical therapy two pain relief shots (not specified) to the left hip. There is documentation on a previous 1/2/14 adverse determination, based on the fact that recent urine drug screens for 08/12/13 and 10/01/13 were inconsistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #90 FOR PAIN, BILATERAL HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with pain in the left hip, which radiated to the left knee and calf. Treatment included Percocet 5/325 mg #90. However, there was a drug urine screen dated in 08/2013, which was negative for opiates. In addition, there was no description of functional gains. There was no indication as to how long this patient was on this medication. It was noted that this patient was on Hydrocodone, which was not detected on a urine drug test dated 10/1/13. In addition, there is no mention of a pain contract. Therefore, the request for percocet 5/325mg #90 for pain, bilateral hip was not medically necessary.