MAXIMUS Federal Services

| Case Number: | CM14-0103790 | | |
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| Date Assigned: | 09/16/2014 | Date of Injury: | 05/04/2010 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

## 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 Medicine, and is licensed to practice in Florida. 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:

The injured worker is a 63-year-old female who reported an injury on 05/02/2010 after a slip and fall. The injured worker reportedly sustained an injury to her left hip that ultimately resulted in surgical repair. Diagnostic studies included an MRI and a CT scan. The injured worker was evaluated on 05/14/2014. It was documented that the injured worker had pain complaints rated at an 8/10 of the hip. Physical findings included restricted range of motion secondary to pain with a positive impingement sign of the left hip. It was noted that the injured worker had undergone an MR arthrogram in 04/2014 that documented a full thickness tear of the anterior labrum. The injured worker's treatment plan included a mini open direct anterior left hip exploration with debridement or repair of the labrum and possible acetabuloplasty. The injured worker was again evaluated on 05/19/2014. It was noted that the injured worker was taking Hydrocodone twice daily; however, she had persistent pain complaints and was a surgical candidate. A Request for Authorization dated 06/02/2014 was submitted to include authorization for left hip surgery, preoperative clearance, an assistant surgeon, a hip brace, a walker, crutches, polar ice unit, CPM machine for 14 days, 24 visits of postoperative physical therapy, and pain medications to include Norco and Percocet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet (without dose or quantity indicated):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids classification, short-acting/long-acting.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids Page(s): 75.

**Decision rationale:** The requested Percocet is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend Percocet for acute and breakthrough pain. The clinical documentation does indicate that the injured worker will undergo surgical intervention; however, there is no indication that the injured worker's surgical intervention has been authorized or is scheduled. Furthermore, the request as it is submitted does not clearly identify a dosage and frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Percocet without dose or quantity indicated is not medically necessary or appropriate.