

Case Number:	CM14-0111569		
Date Assigned:	08/01/2014	Date of Injury:	02/20/2013
Decision Date:	10/07/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 Orthopedic Surgery 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:

The patient is a 55 year old male who sustained an industrial injury on 2/20/2013. The mechanism of injury is while pushing large container of milk, he fell down onto his buttocks. He is diagnosed with osteoarthritis of the bilateral pelvis, joint pain-pelvis. He is being considered for right hip arthroplasty. The patient is obese, a heavy tobacco smoker, and uses smokeless tobacco daily. Current medications are trazodone, gabapentin, indomethacin, lisinopril, allopurinol, Furosemide and Norco 10/325mg. The prior peer review dated 7/8/2014 certified the request for Norco 1-2 tabs q4-6hrs prn #120, and non-certified the requests for Lovenox 40mg SQ q day x 14 days #14 and Percocet 10/325mg #120, the medical necessity of these medications were not established. According to the 6/11/2014 office visit report, the patient complains of right worse than left pain in the anterior groin, buttock region, and right testicle region. He uses a cane now. Sleeping is difficult. He takes Norco, about 4-5 per day. Examination indicates limited right hip exam secondary to pain, pain/tenderness, gait with cane, left leg 2-4mm longer, neurovascularly intact, limited strength and ROM secondary to pain, 4/5 muscle strength in abduction, adduction, flexion and extension. Left hip has pain/tenderness, positive Faber and Patrick's test, similar to right, but less. Plan indicates he is considered a good candidate for right total hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox 40mg SQ q day times 14 days #14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Enoxaparin

Decision rationale: CA MTUS is silent regarding the request. The medical records do not reflect that the patient has been authorized to undergo right total hip arthroplasty. Furthermore, according to the Official Disability Guidelines, Enoxaparin is not recommended. In patients undergoing orthopedic surgery, 2.5 mg of Fondaparinux sodium once daily, starting 6 hours postoperatively, showed a major benefit over Enoxaparin, achieving an overall risk reduction of venous thromboembolism (VTE) greater than 50% without increasing the risk of clinically relevant bleeding. A once daily, 10-mg oral dose of Rivaroxaban was significantly more effective for extended thromboprophylaxis than a once-daily, 40-mg subcutaneous dose of Enoxaparin in patients undergoing elective total hip arthroplasty. The ODG states Lovenox is not recommended, as other DVT prophylaxis are statistically better and more effective of Enoxaparin. The request for Lenovox is not supported by the medical guidelines and is not medically necessary.

Percocet 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Percocet "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. There is no evidence to recommend one opioid over another. Norco and Percocet are of the same class. The patient is already on Norco. There is no report of intolerance or lack of benefit with use. Therefore there does not appear to be a valid rationale for adding Percocet to the patient's medications, since he is already taking Norco as well. The request for Percocet is not supported by the guidelines and is not medically necessary.