

Case Number:	CM14-0161973		
Date Assigned:	10/07/2014	Date of Injury:	03/26/2008
Decision Date:	11/14/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama. 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:

Patient is a 67 year old female who was injured on 3/26/08. The mechanism of injury was a slip and fall. The diagnosis included osteoarthritis not otherwise specified and pelvic and thigh pain. There was chronic pain in bilateral knees, low back, and bilateral hips. She complained of left hip pain that was most painful of her symptoms, and she also had a giving away sensation in the same hip. There was tenderness around the trochanter and into the groin. It was very painful with motion. There was no clicking, catching or popping with range of motion. Range of motion was extension of zero degrees, flexion 80 degrees, and severe restriction of lateral movement. On 7/31/2014, she noted success with synvisc injections in the left knee and an additional therapeutic injection was planned. There was also a discussion regarding hip and knee arthroscopy/plasty. There was a request for Percocet for patients chronic pain as part of her management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-97.

Decision rationale: The CA MTUS guidelines state that ongoing review and documentation of pain relief, functional status, appropriate status and medication use with side effects have to be documented in order to continue these medications. There are insufficient details regarding the above criteria as per the guidelines. Therefore, further medical details are needed regarding patient's current pain status/management and functional status in order to continue this medication and based on that, this request is not medically necessary.