

Case Number:	CM14-0026076		
Date Assigned:	06/13/2014	Date of Injury:	09/11/2000
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 injured worker is a 55-year-old male was reportedly injured on September 11, 2000. The mechanism of injury was a crane falling and crushing the injured employee. The most recent progress note, dated December 18, 2013, indicated that there were multiple pain complaints such as persistent low back pain with bilateral lower extremity pain. Pain level was 5/10 on the visual analog scale with medication and without medication 7/10 on the visual analog scale. The medication takes 60 minutes to take effect and can last up to eight hours. There was no physical exam presented. Diagnostic imaging studies indicated the left femur with a healed fracture and tibial shaft fracture. X-ray of the right femur from the same date revealed a healed fracture of the main shaft of the femur. An MRI of the lumbar spine from 2011 revealed multilevel spondylosis with mild spinal stenosis, anal tear at L5-S1. An MRI of the left knee in September 2011 revealed a mini medial meniscus tear, a tear of the lateral meniscus and a partial tear of the anterior cruciate ligament (ACL) with severe degenerative changes of both joint line compartments. An MRI of the right knee from the same date revealed some artifacts from the femoral rod as well as degenerative changes, particularly in the lateral joint compartment with no evidence of internal derangement. An EMG of the lower extremities, dated November 14, 2011 was consistent with posttraumatic surgical axonal loss diffusely and sensory latency prolongation suggestive of polyneuropathy. Previous treatment included MS Contin 60 mg, Percocet 10/325 mg, Colace and Neurontin, testosterone 100 mg/mL intramuscularly, at least 25 surgeries, psychiatric consultation and intense physical therapy. A request had been made for Percocet 10/325 mg #120, testosterone level, kidney and liver function checks, and standing x-rays of the hips and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 75.

Decision rationale: Percocet is the brand combination of short acting opioid Oxycodone with acetaminophen and is indicated for moderate to moderately severe pain. However, only for short-term use, long-term efficacy is unclear. Based on the clinical documentation provided, this medication appears to be utilized as a long-term agent. Therefore, the request for Percocet 10/325 mg # 120 is not medically necessary and appropriate.

TESTOSTERONE LEVEL, KIDNEY AND LIVER FUNCTION CHECK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated June 2014.

Decision rationale: The Official Disability Guidelines recommend in limited circumstances when taking high dose long-term long term opioids and documented low dose testosterone levels, testosterone levels are usually not indicated in patients taking routine opioids. Testosterone should be prescribed by a specialist due to the risk of hepatoma. In this case, documentation failed to indicate the patient was manifesting any alteration in physical characteristics of hypogonadism. In regards to hepatic and renal functioning, Official Disability Guidelines fail to reveal any recommendations regarding renal or liver function testing with patients taking opioids. Therefore, the request for testosterone level, kidney and liver function check is not medically necessary and appropriate.

STANDING X-RAY OF THE HIPS: 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) Pelvic Chapter, updated May 2014.

Decision rationale: According to the Official Disability Guidelines, plain x-ray should be obtained in patients following acute injury or developing high risk osteoarthritis. Although the

patient's case is quite complicated, there is lack of documentation as to why the x-rays are needed. Therefore, the request for a standing x-ray of the hips is not medically necessary and appropriate.