

Case Number:	CM15-0053180		
Date Assigned:	03/26/2015	Date of Injury:	04/07/2010
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old female, who sustained an industrial injury on 4/7/2010. The current diagnosis is hip pain. According to the progress report dated 3/5/2015, the injured worker complains of right hip pain. The pain is rated 7/10 with medications and 9/10 without. The current medications are Gabapentin, Percocet, Amlodipine, Omeprazole, Tylenol Ex-Strength, and Plaquenil. Treatment to date has included medication management, physical therapy (moderate pain relief), MRI of the right hip, steroid injection to the hip (moderate pain relief), acupuncture (mild pain relief), and chiropractic (mild relief). The plan of care includes Percocet and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg, take 1 tab four times a day as needed #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 Page(s): 79, 80 and 88 of 127.

Decision rationale: In this case, the claimant was injured 5 years ago. I did not see objective functional improvement out of the Percocet regimen. In addition, the pain level drops just two VAS levels reportedly with the medicine, with no mention of objective functional improvement. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. The MTUS specifically notes the medicine should be discontinued (a) If there is no overall improvement in function, unless there are extenuating circumstances. The MTUS notes the opiates can be continued if the patient has returned to work, or again, if there is improved functioning. I did not find that these criteria were met on review of this case. The request is not medically necessary.