

Case Number:	CM15-0053666		
Date Assigned:	03/27/2015	Date of Injury:	12/23/2013
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 5/6/14. The mechanism of injury was not documented. The 11/25/14 left hip MR arthrogram revealed an irregularity consistent with fraying of the anterior superolateral aspect of the acetabular labrum. The treating physician progress reports from 9/8/14 to 2/9/15 cited neck, low back, buttocks and right leg pain. Pain was reported constant 3/10, up to 7-8/10 at worst. Pain was relieved with rest and worsened with activity. Medications helped. Right lower extremity exam documented limited hip flexion and abduction with positive femoral acetabular impingement sign and 4/5 flexion strength. There was no functional assessment. A change from hydrocodone to Percocet was noted on 11/3/14. There was no change in the subjective complaints or clinical exam findings, nor was there a discussion of medication response relative to Percocet. The 3/9/15 treating physician report cited neck, low back, buttocks and right leg pain. The injured worker had a heart attack last Saturday. Objective findings reviewed imaging findings, including hip MRI showing labral tear and early degenerative joint disease. The diagnosis included rule-out hip internal derangement - labral tear. The treatment plan indicated that evaluation and hip arthroscopy had been previously approved, and indicated that staged bilateral hip surgery was needed, left first then right. Percocet 5/325 mg was prescribed every 6 hours. Cardiac clearance needed. The 3/20/15 utilization review non-certified the request for left hip surgery based on an absence of symptoms, physical exam, and radiographic findings relative to the left hip. Additionally, the request was non-specific. The request for Percocet 5/325 mg with 3 refills was non-certified as the amount was not specified and there was no pain assessment, narcotic

contract or urine drug screening, medication compliance, or efficacy with this medication. The 4/5/15 treating physician report was essentially unchanged from the 3/9/15 report in terms of subjective and objective findings. The treatment plan requested physical therapy 3 times per week for 4 weeks for the hips and low back. Percocet 5/325 mg was prescribed every 6 hours. Cardiac clearance was needed as injured is status post myocardial infarction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic).

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

Decision rationale: The California MTUS does not provide recommendations for chronic hip complaints. The Official Disability Guidelines for hip arthroscopy provide surgical indications include symptomatic acetabular labral tears. Guidelines recommend arthroscopy when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. Guideline criteria have not been met. There is no documented of the mechanism of injury, specific hip symptoms and or functional limitations. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, the left hip surgical procedure being requested is not specified which does not allow for medical necessity to be established. Therefore, this request is not medically necessary.

Percocet 5/325 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Percocet Page(s): 76-80, 92, 97.

Decision rationale: The California MTUS guidelines support the use of oxycodone/acetaminophen (Percocet) for pain. Dosage is based on oxycodone content and should be administered every 4 to 6 hours as needed for pain, to a maximum daily acetaminophen dose of 4000 mg/day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for on-going use of Percocet in the absence of guideline required documentation. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports since Percocet was initiated on 11/3/14. There is no evidence in the records provided to suggest functional benefit. Additionally, the quantity being

requested is not specified and there is no rationale to support the medical necessity of 3 refills. Therefore, this request is not medically necessary.