

Case Number:	CM15-0083823		
Date Assigned:	05/06/2015	Date of Injury:	03/02/2012
Decision Date:	06/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/01/2015

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: California

Certification(s)/Specialty: Internal 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 63 year old male, who sustained an industrial injury on 3/2/2012. Diagnoses have included lumbar spine sprain/strain, lumbar radiculopathy, left hip pain and left knee internal derangement. Treatment to date has included a home exercise program and medication. According to the progress report dated 4/8/2015, the injured worker complained of severe lumbar spine pain and being unable to walk. The injured worker ambulated with a cane, slowly. Physical exam revealed extreme tenderness to the left hip with decreased range of motion secondary to pain. There was also painful range of motion to the left knee. The treatment plan was for consults for pain management to consider lumbar epidural steroid injection and for a surgeon to consider total hip arthroplasty. The injured worker was temporarily totally disabled. Authorization was requested for Percocet, a pain management consult and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Oxycodone/Acetaminophen (Percocet) Page 92. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. The progress report dated December 23, 2014 document a prescription for Norco. The diagnoses were left hip sprain and strain and lumbosacral sprain and strain. The progress report dated February 25, 2015 documented the prescription for Norco and referral for a surgical consultation for left hip complaints and a referral to a pain management physician. The progress report dated March 5, 2015 document a prescription for Percocet and a referral to orthopedic surgeon. The progress report dated 4/8/15, the patient complained of lumbar spine pain, severe with inability to walk. He slowly ambulates with use of cane. On examination, left hip was with extreme tenderness and decreased range of motion secondary to pain. He has left knee painful range of motion. The patient was diagnosed with lumbosacral sprain and strain, left hip pain and left knee internal derangement. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Medical records document objective evidence of pathology on MRI magnetic resonance imaging. MRI magnetic resonance imaging of the left hip performed on February 18, 2013 noted findings consistent with avascular necrosis of the femur. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The request for Percocet 10/325 mg is supported by MTUS guidelines. Therefore, the request for Percocet 10/325 mg is medically necessary.

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. MRI magnetic resonance imaging of the left hip performed on February 18, 2013 noted findings consistent with avascular necrosis of the femur. The progress report dated December 23, 2014 document a prescription for Norco. The diagnoses were left hip sprain and strain and lumbosacral sprain and strain. The progress report dated February 25, 2015 documented the prescription for Norco and referral for a surgical consultation for left hip complaints and a referral to a pain management physician. The progress report dated March 5, 2015 document a prescription for Percocet and a referral to orthopedic surgeon. The progress report dated 4/8/15, the patient complained of lumbar spine pain, severe with inability to walk. He slowly ambulates with use of cane. On examination, left hip was with extreme tenderness and decreased range of motion secondary to pain. He has left knee painful range of motion. The patient was diagnosed with lumbosacral sprain and strain, left hip pain and left knee internal derangement. The medical records indicate that the patient would benefit from the expertise of a pain management specialist. The request for specialty referral and consultation is supported by MTUS, ACOEM, and ODG guidelines. Therefore, the request for pain management consult is medically necessary.

Urine toxicology screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77 Opioids, pain treatment agreement Page 89 Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine

drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. MRI magnetic resonance imaging of the left hip performed on February 18, 2013 noted findings consistent with avascular necrosis of the femur. The progress report dated December 23, 2014 document a prescription for Norco. The diagnoses were left hip sprain and strain and lumbosacral sprain and strain. The progress report dated February 25, 2015 documented the prescription for Norco and referral for a surgical consultation for left hip complaints and a referral to a pain management physician. The progress report dated March 5, 2015 document a prescription for Percocet and a referral to orthopedic surgeon. The progress report dated 4/8/15, the patient complained of lumbar spine pain, severe with inability to walk. He slowly ambulates with use of cane. On examination, left hip was with extreme tenderness and decreased range of motion secondary to pain. He has left knee painful range of motion. The patient was diagnosed with lumbosacral sprain and strain, left hip pain and left knee internal derangement. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for a urinalysis is medically necessary.