

Case Number:	CM14-0180476		
Date Assigned:	11/05/2014	Date of Injury:	02/20/2013
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55-year-old male with complaints of right as well as left hip pain. The date of injury is 2/20/13 and the mechanism of injury was not mentioned. At the time of request for Percocet 10/325 Post op pain 1-2 tabs q4-6hr #120, OxyContin 20mg 1 tab tid #45, and Norco 10/325 1-2 tabs po q4-6hr prn pain #120, there are subjective complaints as per the report of 9/16/14 (right hip pain with some bruising down the right buttock region and painful left hip, 4/10 pain.), objective (limited examination secondary to pain, no tenderness, and no signs of infection, well healed laceration and incision of the right hip. no objective findings related to the left hip), findings, imaging/other findings (pelvic x-ray status post hip arthroplasty from 9/2/14 revealed good prosthesis alignment, MRI of the right hip without contrast from 4/24/14 revealed severe right hip arthrosis with degenerative subcortical cyst formation in the superior right acetabulum and superomedial right femoral head, narrowing of the superior joint space, prominent marginal spurring and circumferential anterior superior right hip labral degeneration and disruption and left hip revealed arthrosis with evidence of superior left hip labral degeneration and probable degenerative tear.) surgeries, (status post total right hip arthroplasty on 7/23/14), current medications (Norco, Percocet, Diclofenac Sodium, Trazodone Hydrochloride, Gabapentin, Indomethacin, Lisinopril, Allopurinol, and Furosemide), diagnoses (joint replaced hip, osteoarthritis, and pelvis joint pain), and treatment to date (Norco 5 daily and pain controlled with medication.). The request for Percocet 10/325 Post op pain 1-2tabs q4-6hr #120, OxyContin 20mg 1 tab tid #45, and Norco 10/325 1-2 tabs po q4-6hr prn pain #120 was denied on 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 Post op pain 1-2tabs q4-6hr #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip&Pelvis, opioids

Decision rationale: Opioid is recommended for pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or Acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of an explanation for the request for percocet 10/325 for post operative pain. There needs to be thorough documentation of the reason for prolonged Opioid pharmacotherapy as the surgery was in July and there are no further notes including operative notes of any more surgery. Therefore, the request for Percocet 10/325 is not medically necessary.

OxyContin 20mg 1 tab tid #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-84, 91, 92, 97.

Decision rationale: As per CA MTUS guidelines, OxyContin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any type of follow up to opioid pharmacotherapy ie opioid medication agreement, urine drug testing, treatment evaluation, record of negative/positive findings of drug misuse/aberrant behavior. Therefore, the request for OxyContin 20mg #45 is not medically necessary.

Norco 10/325 1-2 tabs po q4-6hr prn pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-84.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any type of follow up to opioid pharmacotherapy ie opioid medication agreement, urine drug testing, treatment evaluation, record of negative/positive findings of drug misuse/aberrant behavior. Therefore, the request for Norco 10/325 is not medically necessary.