

Case Number:	CM14-0093104		
Date Assigned:	07/25/2014	Date of Injury:	09/05/2006
Decision Date:	09/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation 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 48-year-old male, who reported injury on 09/05/2006. The mechanism of injury was a trip and fall down a flight of stairs. The diagnosis was joint pain at pelvis. The diagnostic studies were noted to include x-rays, MRI, DEXA scan, 3 phase bone scan, EMG/NCV, and CT scan. The surgical history included a left knee meniscectomy and chondroplasty, left hip core decompression in 2006, and a left total hip replacement in 2010. Other therapies included medications, physical therapy, and a left hip injection. The injured worker's medications were noted to include opiates as of 01/2014. The injured worker was noted to undergo urine toxicology screening. The documentation on 06/04/2014 revealed the injured worker had pain that was aching, sharp, nagging, and constant. The pain radiated to the bilateral hip areas. The pain was noted to be 8/10. The physical examination revealed the injured worker had a right straight leg raise that was positive at 75 degrees. The injured worker was then unable to walk. The injured worker had pain in the lumbar region while flexing anteriorly. The injured worker had tenderness in the bilateral sacroiliac joints, more so in the left hip. The Faber and Gaenslen's tests were positive, and there was decreased range of motion. The diagnoses included history of total hip replacement, hip pain, and lumbar spine pain. The treatment plan included methadone 10 mg 1 tablet by mouth 3 times a day and Percocet 10/325 one tablet 3 times a day. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg #90: 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 Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation of the above criteria with the exception of monitoring for aberrant drug behavior. It was noted the injured worker was being monitored for aberrant drug behavior through urine drug screens. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyCodone 10/325 #90 is not medically necessary.

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation of the above criteria with the exception of monitoring for aberrant drug behavior. It was noted the injured worker was being monitored for aberrant drug behavior through urine drug screens. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Methadone 10 mg #90 is not medically necessary.