

<b>Case Number:</b>	CM14-0212526		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old patient with date of injury of 06/16/1997. Medical records indicate the patient is undergoing treatment for chronic pain syndrome, lumbar radiculopathy and osteoarthritis. Subjective complaints include pain in lower back, right hip, right leg, bilateral arms and right shoulder described as constant and sharp, rated 5/10 with medication and 10/10 without. Objective findings include moderate palpable spasms bilateral lumbar musculature with positive twitch response, severely decreased ROM right hip due to pain, positive right hip provocative maneuvers, and positive tenderness to palpation right greater trochanter. CT of right hip dated 08/15/2014 revealed findings suggestive of avascular necrosis of the right femoral head, bone scan can be useful for increased sensitivity as MRI is contra-indicated, minimal osteoarthritis of the right hip. Treatment has consisted of brace, Cymbalta, MS Contin and Percocet. The utilization review determination was rendered on 12/11/2014 recommending non-certification of Percocet 10/325mg #15 and Right hip bone scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". The treating physician does document some pain level improvement, however, does not document overall improvement in function, which is required for continued use of this medication. As such, the request for Percocet 10/325mg #15 is not medically necessary.

**Right hip bone scan:** Upheld

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

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

**Decision rationale:** ODG states "Recommended in the presence of normal radiographs and in the absence of ready access to MR imaging capability. Radionuclide bone scans are effective for detection of subtle osseous pathology and, when negative, are useful in excluding bone or ligament/tendon attachment abnormalities. (American, 2003) Bone scanning is more sensitive but less specific than MRI. It is useful for the investigation of trauma, infection, stress fracture, occult fracture, Charcot joint, Complex Regional Pain Syndrome, and suspected neoplastic conditions of the lower extremity". This patient has been previously approved for right hip bone scan between 11/11/2014-01/25/2015. The treating physician has not indicated why an additional scan is warranted. As such, the request for Right hip bone scan is not medically necessary.