

Case Number:	CM14-0187871		
Date Assigned:	11/18/2014	Date of Injury:	01/29/2010
Decision Date:	10/13/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/11/2014

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 35 year old female who sustained an industrial injury on 01-29-10. A review of the medical records indicates the injured worker is undergoing treatment for diffuse pain. Medical records (06-10-14), the latest medical records available for review in the submitted documentation, reveal that she had no relief from a thoracic epidural on 04-23-14. The physical exam (06-10-14) reveals painful range of motion in the lumbar spine, causing thoracic pain. Her pain is rated at 8/10, without clarification if this is with or without medications. Sitting and standing are limited to 10 minutes. Lying down is reported to be very difficult. Treatment has included medications, physical therapy, chiropractic treatments, acupuncture, and a TENS unit. The treating provider indicates the injured worker is not working due to pain. The original utilization review (10-28-14) non-certified a left hip MRI and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Hip without Contrast: 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, MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 21.

Decision rationale: According to the guidelines, Indications for imaging- Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities. Osteonecrosis Occult acute and stress fracture. Acute and chronic soft-tissue injuries. Tumors- Exceptions for MRI. Suspected osteoid osteoma Labral tears (use MR arthrography). In this case, the claimant's hip and back pain are chronic. The claimant has had numerous interventions for the back. There is no indication of suspected fracture, tumor or recent injury. X-rays of the hip were not noted. The request for the HIP MRI is not medically necessary.

Oxycodone/Acetaminophen (Percocet) 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for a year without significant improvement in pain or function several months without substantial improvement in pain scores or function. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and chronic use of Percocet is not medically necessary.