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| Case Number: | CM13-0002526 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 05/18/2012 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/11/2013 |
| Priority: | Standard | Application Received: | 07/22/2013 |

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 Family Medicine and is licensed to practice in Maryland. 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:

Patient is a 40 year old female with a date of injury on 5/18/2012. Diagnosis is of joint pain/leg, and patient is status post knee arthroscopy on 12/31/2012. Subjective complaints are of continued right knee pain without improvement. Physical exam shows the right knee is tender at the lower medial patella and is without swelling or erythema or joint laxity. Prior treatment has included physical therapy, and medications. Medications include Cymbalta and Percocet 10/325mg four times a day. Records indicate that medications are not providing adequate pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL-ACETAMINOPHEN 10MG-325MG #180 NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily

living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempts at weaning, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Percocet is not medically necessary.