

Case Number:	CM13-0029666		
Date Assigned:	11/01/2013	Date of Injury:	06/04/2009
Decision Date:	08/01/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 49-year-old male who was reportedly injured on June 4, 2009. The mechanism of injury was noted as being thrown in the air by a cow. The most recent progress note, dated October 14, 2013, did not mention specific complaints or continued physical examination. A note dated, September 16, 2013, contained a complaint of right knee pain. The injured employee had a right knee medial and lateral meniscectomy performed on July 30, 2013. There has been postoperative physical therapy, and he stated that he felt considerably better. Current medications included naprosyn and Percocet. The physical examination demonstrated right knee range of motion to be 0 to 130. Right knee strength was 5/5. There was crepitus over the patellofemoral joint. Continued use of a stationary bike was recommended. Previous treatment included a cervical discectomy and fusion as well as a lumbar fusion and right knee surgery. A request was made for Percocet and was not certified in the pre-authorization process on September 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PERCOCET 10/325MG, #120: 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 Opioids, On Going Management Page(s): 78.

Decision rationale: As of September 16, 2013, the injured employee was approximately eight weeks status post right knee arthroscopy. It is unclear if the Percocet prescribed was for postoperative pain or if the opioid was prescribed for generalized chronic pain, for the cervical and lumbar spine. Regardless, there was no mention of objective pain relief with Percocet or its ability to help the injured employee function and perform activities of daily living. There was also no discussion regarding adverse effects or potential aberrant behavior. Therefore, this request for Percocet is not medically necessary.