

Case Number:	CM14-0007651		
Date Assigned:	01/24/2014	Date of Injury:	01/02/1980
Decision Date:	06/19/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/18/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 patient is a 65-year-old male who has filed a claim for lumbosacral sprain and status post right knee total knee replacement associated with an industrial injury date of January 2, 1980. Medical records from 2013 were reviewed showing the patient right knee soreness and a left knee pain/immobility, unchanged in the last quarter of 2013 despite treatment. The patient also complains of low back pain and left elbow pain. On examination, the lumbar spine was noted to be tender. The right knee has visible well-healed incisions and a pain-free passive range of motion from full extension to 120 degrees of flexion. Right knee extensor strength is noted to be at 4/5. Radiographs demonstrated total knee replacement components on the right in good alignment with no evidence of loosening. Treatment to date has included right total knee replacement with revision, chiropractic sessions, Viscosupplementation, physical therapy, trigger point injection, and opioid and non-opioid pain medications. Utilization review from January 6, 2014 modified the request for 120 Percocet 10/325 mg to 90 Percocet 10/325 mg to facilitate discontinuation of opioids due to lack of overall improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 PERCOCET 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Percocet in December 2013. However, progress notes prior to this time indicate that the patient has been using opioids since early 2013. Urine drug screens and adverse effect monitoring was indicated in the documentation. However, an evaluation of the patient's analgesia and functional gains derived from opioids was not clearly documented. Therefore, the request for Percocet 10/325 mg is not medically necessary and appropriate.