

Case Number:	CM14-0009657		
Date Assigned:	02/14/2014	Date of Injury:	10/22/2002
Decision Date:	06/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 70-year-old female injured on October 22, 2002. The assessment reflects a diagnosis of right knee pain. The records reflect multiple medications are being used to address the pain complaints. Past surgery included a right total knee arthroplasty, a metatarsal osteotomy and a bunionectomy. The physical examination notes this 4'10" 178 pound individual to have a decreased right knee range of motion. Positive response to a Marcaine injection is noted. Multiple interventions are noted and ongoing complaints of knee pain are reported. The most recent progress notes indicate multiple unexplained falls. The physical examination noted multiple areas of ecchymosis. The injured worker is noted to be home bound. A request for the medication Percocet was certified in a modified form.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG, # 120 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet®, generic available)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: When noting the date of injury, the injury sustained, the surgical intervention completed and the numerous comorbidities and described falls, opioid medications are simply not indicated in this individual. There is a component of an emotionally labile individual, and chronic opioid use is not indicated. Therefore, under Chronic Pain Medical Treatment Guidelines, page 80, this request is not medically necessary.