MAXIMUS Federal Services

Case Number:	CM14-0101411		
Date Assigned:	07/30/2014	Date of Injury:	09/01/1986
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported injury on 09/01/1986. The mechanism of injury was not submitted for review. The injured worker has diagnoses of spondylolisthesis, knee pain and hip pain. Past treatment consists of surgery, exercise with a bicycle, physical therapy and medication therapy. Medications include Cipro 500 mg 1 tablet by mouth every 12 hours, Celebrex 200 mg 1 tablet by mouth once a day, Xarelto 10 mg 1 tablet every day, Xanax 0.5 mg 1 tablet 3 times a day and Nova log 100 unit/mL inject by subcutaneous using sliding scale. X-rays taken on 05/19/2014 revealed there was bone-on-bone appearance in the medial compartment with significant joint space narrowing of the patellofemoral joint. An MRI of his right knee was obtained on 02/07/2012 that showed arthritic changes with some subchondral cysts. The injured worker underwent right knee arthroscopy and right hip surgery. It was not documented when it was done. The injured worker complained of increased pain in the right knee with difficulty with weight bearing as well as non-weight bearing activities. There were no levels of measurable pain documented in this submitted report. Physical examination dated 05/19/2014 revealed that the injured worker was positive for crepitus, tenderness to palpation and medial pseudo laxity. There was no documentation of range of motion, motor strength or sensation to the injured worker. The treatment plan is for the injured worker to use Percocet 10/325. The rationale was not submitted for review. The Request for Authorization Form was submitted on 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80 and 92.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted report did not show any of the above. There was no mention of any side effects or how long the medication was working for. The submitted report also failed to show efficacy of the use of the Percocet. The reports lacked quantified evidence that the requested medication helped with any functional deficits the injured worker might have had. Additionally, the request as submitted lacked a duration and frequency of the medication. Furthermore, the submitted reports did not show that the injured worker was compliant with drug screens. Given the above, the request for Percocet 10/325 mg #60 is not medically necessary.