

Case Number:	CM14-0107417		
Date Assigned:	08/01/2014	Date of Injury:	11/21/1998
Decision Date:	10/23/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Medicine, and is licensed to practice in Texas. 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 67-year-old female who sustained work-related injuries on 11/21/98. The mechanism of injury is not documented. The record indicates that the injured worker has undergone multiple left knee surgeries with the most recent being a revision left total knee arthroplasty on 04/17/14. She is undergoing postoperative rehabilitation with progress. Range of motion is 0-70 degrees, quadriceps strength is graded as 4/5, and the knee is stable. A prescription for Percocet was recommended on 06/20/14. The record contains a utilization review determination dated 07/30/14 in which a request for Percocet was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Percocet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): 74-80..

Decision rationale: The request does not specify a strength, quantity, or instructions. As such, medical necessity is not established. The request for Percocet is not medically necessary.