

Case Number:	CM14-0011257		
Date Assigned:	02/21/2014	Date of Injury:	04/13/2004
Decision Date:	07/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 Tennessee. 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:

Patient is a 61-year-old female who has submitted a claim for industrial meniscus tear, bilateral knees, s/p bilateral knee arthroscopy, osteoarthritis both knees and morbid obesity associated with an industrial injury date of 4/13/2004. Medical records from 2013 were reviewed which revealed persistent bilateral knee pain with a pain scale of 5/10. Aggravating factors include prolonged standing, walking and performing some of her activities of daily living. Physical examination showed tenderness in the medial and lateral joint line and crepitus in both knee. Tenderness was also noted over the popliteal fossa. Active range of motion of the knees revealed 90 degrees flexion on the right knee and 100 degrees on the left knee. Extension on the right and left knee was 0 degrees. Treatment to date has included, Euflexxa injection and Hyaluronic injection. Medications taken include, Norco, Percocet and Motrin. Utilization review from 1/13/2014 modified the request for Percocet from #120 to #66 with 3 refills for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request For 1 Prescription Of Percocet 10/325MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: As stated on page 78 of the CA 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 suffers from chronic pain and has been taking Percocet since February 2013. Progress report dated 11/4/13 mentioned that Percocet allowed her to participate in activities of daily living and be self-sufficient. In addition, there is also no report of adverse side effects associated with the use of Percocet. The patient is closely monitored, compliant, and weaning is considered. Medical necessity has been established. Therefore, the PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PERCOCET 10/325MG #120 is medically necessary.