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| Case Number: | CM14-0179097 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 02/18/2003 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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 has a subspecialty in Interventional Spine 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 59 years old male with an injury date on 02/18/2003. Based on the 10/01/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right knee strain/sprain 2. Left lower extremity history of 1969 femur fracture, surgical repair post-operative infection / osteomyelitis 3. Left lower extremity status post biopsy and medial sinus tract excision, 05/13/2008 4. Right lower extremity history of 1974 femur fracture, surgical repair with post operative infection / osteomyelitis 5. Right lower extremity status post soft tissue biopsy, 05/13/2008 6. Right knee status post total point arthroplasty, 11/13/2008 7. Lumbar sprain/strain as an industrially related compensable consequence from a chronic antalgic gait 8. Right knee post-operative infection 9. Right knee status post debridement and revision total joint arthroplasty (1st stage) 10. Right knee status post revision total joint arthroplasty (2nd stage), 03/04/2010. According to this report, the patient complains of "8/10 low back pain, 9/10 left knee pain, and 3/10 right knee pain. Physical exam indicates that the patient is ambulates with a severely antalgic gait. Moderate tenderness is noted at the lumbar paraspinal muscles. Lumbar range of motion is restricted. There is severe atrophy of the right thigh and moderate atrophy of the left thigh. "Patient most recent UDS from 07/30/2014 was consistent with prescribed analgesics without any evidence of illicit drug use. CURES report obtained this morning shows no evidence of 'doctor shopping' since June 2014." There were no other significant findings noted on this report. The utilization review denied the request on 10/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/10/2013 to 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 10/01/2014 report by [REDACTED] this patient presents with "8/10 low back pain, 9/10 left knee pain, and 3/10 right knee pain." The physician is requesting 1 prescription of Percocet 10/325 mg #240 "with instructions for pharmacist not to dispense until 10/29/2014." Percocet was first mentioned in the 07/30/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, "The Percocet [Percocet] reduces his pain by greater than 50% without causing her [him] any excessive sedation, nausea, vomiting or constipation. He reports that the analgesic medication allows him to sleep better at night, perform his activities of daily living, and perform light household chores." A review of reports shows documentation of specific ADL changes with use of medication, along with pain reduction. Aberrant drug seeking behavior is discussed. There were discussions regarding side effects with the of use medications. Opiate monitoring such as urine toxicology and CURES were mentioned. In this case, report shows good documentation of the four A's as noted above. The request is medically necessary.

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