

Case Number:	CM14-0184303		
Date Assigned:	11/10/2014	Date of Injury:	08/06/2008
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 45 year old female with date of injury 8/6/2008. The mechanism of injury is stated as overuse injury. The patient has complained of right knee pain, left shoulder pain and lower back pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: right knee: tender to palpation diffusely, decreased and painful range of motion; Lower back: tenderness to palpation of bilateral paraspinous lumbar musculature, painful range of motion. Diagnoses: low back pain, chronic; right knee pain; shoulder pain. Treatment plan and request: Percocet, Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325MG 1 tab PO 6 times a day quantity of 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management & Weaning of Medications Page(s): 78-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 45 year old female has complained of right knee pain, left shoulder pain and lower back pain since date of injury 8/6/2008. She has been treated with physical

therapy and medications to include opioids since at least 06/ 2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

Oxycontin 15mg 1 tab every 12 hours quantity of 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management & Weaning of Medications Page(s): 78-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 45 year old female has complained of right knee pain, left shoulder pain and lower back pain since date of injury 8/6/2008. She has been treated with physical therapy and medications to include opioids since at least 06/ 2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.