

Case Number:	CM14-0022636		
Date Assigned:	06/13/2014	Date of Injury:	09/01/2010
Decision Date:	08/12/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 58-year-old male who reported an injury on 09/01/2010 from an unknown mechanism. The injured worker complained of knee pain. On physical examination dated 01/21/2014 there was tenderness to palpation anteriorly, pain with deep flexion to the left knee, range of motion flexion was at 120 degrees, and extension was at 15 degrees. The injured worker's medications were Percocet 10/325mg 3 times a day and Relafen 750mg. The injured worker's past diagnostics include toxicology for oxycodone which revealed a positive reading. The injured worker's diagnoses were lumbar stenosis, lumbar radiculitis and lumbar facet arthropathy. The request for authorization form and rationale were not submitted with documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG TID #90 NO REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management for Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also specify that a pain assessment should be performed at each visit and include a current pain level; the least reported pain over the period since the last assessment, the average pain, and the intensity of pain after taking the opioid, how long it takes for the pain relief and how long the relief lasts. The 4 A's, which include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors should also be addressed at each visit. Although there was a quantifiable pain rating and evidence of a consistent urine drug screen, there was no mention in the clinical documentation of average pain, intensity of pain or longevity of pain. In addition, there was also a lack of documentation regarding the injured worker's functional benefit with the use of opioids. In addition, there was no mention of side effects in the clinical documentation. Given the above, the ongoing use of opioid medication would not be supported at this time. As such, the request for Percocet 10/325 mg #90 is not medically necessary.