

Case Number:	CM14-0027670		
Date Assigned:	06/13/2014	Date of Injury:	10/16/2009
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/04/2014

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 Preventative Medicine 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:

According to the records made available for review, this is a 63-year-old female with a 10/16/09 date of injury, status post right knee patellofemoral MAKOplasty 7/13/12, and status post left knee arthroscopy (undated). At the time (1/24/14) of request for authorization for Percocet 10/325 mg #60, there is documentation of subjective (worsened bilateral knee pain with constant aching on the anterior aspect of the knees) and objective (right knee effusion, right quadriceps atrophy, tenderness to palpation over the right medial joint line; left knee tenderness to palpation over the lateral, medial and patellofemoral compartments with crepitus and positive McMurray's medially) findings, current diagnoses (left knee arthritis and right knee patella chondromalacia status post patellofemoral MAKOplasty 7/13/12), and treatment to date (right knee surgery and medications (ongoing therapy with Percocet since at least 7/25/13). There is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time, that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80, 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone. Within the medical information available for review, there is documentation of diagnoses of left knee arthritis and right knee patella chondromalacia status post patellofemoral MAKOpasty. In addition, there is documentation of moderate to severe pain. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Percocet since at least 7/25/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Percocet. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325 mg #60 is not medically necessary.