

Case Number:	CM14-0036890		
Date Assigned:	06/25/2014	Date of Injury:	08/26/1999
Decision Date:	08/29/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old male with a reported date of injury on 08/26/1999. The mechanism of injury reportedly occurred when the injured worker was kneeling down on his left knee and got a pebble underneath his kneecap. His diagnoses were noted to include lumbosacral sprain/strain suggestive of mild right-sided radiculopathy, status post fusion at T11-12, degenerative arthritis of the right knee with suggestion of anterior cruciate ligament loss, and degenerative arthritis of the left knee. His previous treatments were noted to include surgery and medications. The progress note dated 03/27/2014 revealed the injured worker complained of back pain and pain in both knees. He rated his back pain at 3/10 which will increase to an 8/10 - 9/10 with activities. The injured worker complained of bilateral knee pain 3/10 which increases to 7/10 - 9/10 with activities. The physical examination of the lumbar spine noted decreased range of motion and Waddell's rotation was positive. The physical examination of the thoracic spine revealed decreased range of motion and reflexes to the knees and ankles were 2+ bilaterally. There was a positive straight leg raise indicated bilaterally. Palpation to the right sacroiliac joint noted tenderness and sensation was normal, equal, and symmetrical in both lower extremities. Motor strength of all muscle groups to the lower extremities were rated 5/5. On the examination of the left knee there was no evidence of anteromedial or anterolateral rotatory instability. There was no retropatellar crepitus or apprehension to the bilateral knees and no effusion. The Request for Authorization Form was not submitted within the medical records. The request was for Percocet 10/325 mg #180; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on the numeric scale with the use of medications, improved functional status, side effects, and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, the request is not medically necessary.