

Case Number:	CM14-0048828		
Date Assigned:	06/25/2014	Date of Injury:	02/24/1991
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 74 year-old male with a 2/24/91 date of injury. The patient was seen on 2/4/14 with complaints of low back and bilateral knee pain, 4/10 and 3-5/10 respectively. An exam finding revealed the patient was tender over the sciatic notch at L5/S1. Motor strength was 5/5 in the bilateral lower extremities. There was decreased tenderness over the right knee peripatellar area. He had an epidural to the L spine on 4/19.14, which provided 75% pain relief. He was seen on 5/27/4 where he states his pain was a 2-3/10. There was no tenderness of the L spine noted, and sensation and motor strength of the lower extremities were intact. The diagnosis is Lumbago, and status post TKA. Treatment to date: medications, Supartz injections, PT, arthroscopy to the right knee, TKA right knee 3/6/13, LESI 4/19/14. An adverse determination was received on 3/20/14 given there was a lack of documentation with regard to improvement in pain of gain in function. The determination was modified to allow for a taper from Percocet #120 2 refills to #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines continuing long term opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient had a recent lumbar epidural and states his pain is a 2-3/10. There are no functional deficits of the lower extremities or L spine tenderness. The patient has left knee pain but it is unclear exactly how this medication helps the patient's knee pain. There is no mention of how many tablets the patient is taking per day for pain control. There is no documentation to support a decrease in VAS or ongoing functional gains with this medication. In addition there is a lack of evidence of monitoring in the form of CURES reports or consistent urine drug screens. In addition, 2 refills does not allow for frequent ongoing monitoring of pain control, especially given a recent lumbar epidural provided 75% pain relief and the patient may be able to titrate down. Therefore, the request for Percocet #120 with 2 refills was not medically necessary.