

Case Number:	CM14-0201949		
Date Assigned:	12/12/2014	Date of Injury:	01/09/2014
Decision Date:	01/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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, 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 (IW) is a 29-year-old man with a date of injury of January 9, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are knee pain; pain in left leg; and contusion to lower leg. A progress note from March 2014 indicates the IW is taking several narcotic opiates concurrently. The list of narcotics includes Tramadol, Percocet, Hydrocodone/Ibuprofen (a combination opiate), and Butrans patch. A progress note dated June 19, 2014 states Hydrocodone/Ibuprofen, Butrans patch, and Tramadol were not prescribed that visit. The documentation is unclear whether those additional narcotics were not refilled on that one-day or whether it was ongoing use of multiple opiates. The documentation did not contain evidence of objective functional improvement. Pursuant to the most recent progress note in the medical record dated November 5, 2014, the IW complains of increased left knee pain, which is rated 5-6/10. Pain is intermittent that can increase to a sharp pain and throbbing sensation. The IW had a recent fall due to dizziness from medications. He presents for medication management and refill. Physical examination reveals left thigh with signs of a healed contusion. Mild discoloration is present with tenderness to palpation. The current request is for Percocet 5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 5/325 mg #90 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are knee pain; pain in left leg; and contusion of lower leg. A progress note from March 2014 indicates the injured worker is taking several narcotic opiates concurrently. The list of narcotics includes Tramadol, Percocet, Hydrocodone/Ibuprofen (a combination opiate), and Butrans. A progress note dated June 19, 2014 states hydrocodone/ibuprofen, Butrans, tramadol were not prescribed that visit. The documentation is unclear whether those additional narcotics were used concurrently. The documentation did not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation with objective functional improvement and clinical rationale for the ongoing use of Percocet, Percocet 5/325 mg #90 is not medically necessary.