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| Case Number: | CM14-0208009 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 07/01/2011 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 49 year old male who was injured on 7/1/11 involving his knee as he was hit by a tree and fell down a hill. He was injured again later on 12/5/2011 involving his back. He was diagnosed with internal derangement of the knee, pain in joint involving ankle and foot, low back pain, left rib cage pain, and sprain of knee and leg. He was treated with physical therapy, TENS unit, ice/heat, bracing, cortisone injection, and medications, including tramadol, Protonix, and naproxen. Medications were denied and he continued to take over the counter ibuprofen for a time. On 11/17/14, the worker was seen by his primary treating physician (for his low back injury) reporting his back pain and knee pain. He reported taking Naprosyn for his pain at the time. He was then given a prescription for Percocet and Relafen and to follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was no evidence that any goals with treatment or the risks associated with the Percocet initiation. Also, the worker's primary treating physician for his knee injury had given him samples of opioids in the past and there would need to be a decision as to which physician would be offering opioids rather than both. Considering these factors, it seems appropriate to designate the Percocet as medically unnecessary at this time.