

Case Number:	CM15-0006222		
Date Assigned:	01/20/2015	Date of Injury:	01/10/1994
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 52 year old male with an industrial injury dated January 10, 1994. The injured worker diagnoses include right knee pain, degenerative joint disease of the right knee, status post right total knee replacement 2/28/13, left knee pain, degenerative changes in the left knee and mild chronic right L4 radiculitis. He has been treated with radiographic imaging, prescribed medications, consultation and periodic follow up visits. In a progress note dated 11/7/2014, the injured worker reported low back pain, bilateral knee pain and numbness in the right thigh. Documentation noted that the pain is aggravated by prolonged activities and alleviated by heat/ice and physical therapy. Physical exam revealed decreased sensation over the right anterior thigh, crepitus on the right knee, decreased range of motion and tenderness of the right knee. The treating physician prescribed Percocet 10/325MG #60 now under review. UR determination on December 29, 2014 modified the request to Percocet 10/325MG #12, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opiate narcotic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Oxycodone / Acetaminophen (Percocet) Page 92.. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. The medical records document a history right knee pain, status post multiple surgeries for the right knee, right medial and lateral meniscus tears, degenerative joint disease of the right knee, left knee pain, degenerative changes in the left knee, and chronic right L4 radiculitis. The progress report date 12/19/14 documented that the patient typically takes Percocet 10/325 mg two to three times a week. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Analgesia was documented. Activities of daily living were addressed. No adverse side effects were reported. Evaluation for aberrant behavior was documented. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The medical records provide support for the use of Percocet. The request for Percocet 10/325 mg is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Percocet 10/325 mg is medically necessary.