

Case Number:	CM15-0100432		
Date Assigned:	06/02/2015	Date of Injury:	02/06/2003
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New
 York 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 60 year old male, who sustained an industrial injury on 2/06/2003, due to a slip and fall. The injured worker was diagnosed as having lumbar disc displacement, lumbar radiculopathy, lumbar spinal stenosis, bilateral knee pain, anxiety, chronic constipation, gastritis, gastroesophageal reflux disease, medication related dyspepsia, chronic pain, dental trauma secondary to chronic pain, and left knee internal derangement. Treatment to date has included diagnostics, lumbar surgery in 10/2013, multiple injections to his knees (corticosteroid and Orthovisc), chiropractic, acupuncture, epidural steroid injections, mental health treatment, and medications. Urine toxicology screenings (10/10/2014, 1/08/2015) were inconsistent with expected results. On 2/11/2015, the injured worker complained of bilateral knee pain, right greater than left, and rated 8-8.5/10. His work status was permanent and stationary and he was not working. He was given bilateral knee corticosteroid injections. The treatment plan included a left knee arthroscopy with medial meniscectomy, with post-operative medication to include Percocet. On 4/01/2015, he continued to complain of bilateral knee pain, right worse than left, and rated 8-9/10. He reported frustration over delays in authorizations and sometimes paid for medication himself. He continued to be seen by pain management. He was provided with an Orthovisc injection to his right knee. Again, the treatment plan included a left knee arthroscopy with medial meniscectomy, with post-operative medication to include Percocet. Per the Agreed Medical Re-Examination, dated 4/21/2015, his current medications included Oxycontin, Soma, Hydrocodone, Bupropion, Gabapentin, Tranxene, Pantoprazole, Zolpidem, Senokot, and Naproxen. Per the Pain Medicine Re-Evaluation (4/10/2015), pain was reported as unchanged

since the last visit. He reported gastrointestinal upset, medication related, and ongoing limitations with activities of daily living. The Oswestry Disability Index score was 78%. His medications were documented as Soma, Tranxene, Gabapentin, Hydrocodone/APAP, Naproxen, Oxycontin (weaning slowly), Pantoprazole, Senokot S, Vitamin D, Zolpidem, Clorazepate, Naloxone, and Bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 10-325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 10/325mg # 90 is not medically necessary. Ongoing, chronic 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 ongoing 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar disc displacement; lumbar radiculopathy; lumbar spinal stenosis; bilateral knee pain; anxiety, etc. See record for additional medicine diagnosis. The documentation contains multiple inconsistent urine drug toxicology screens for hydrocodone in a progress note dated October 10, 2014 and January 8, 2015. A Percocet 10/325 mg entry is present of February 11, 2015 progress note is a postoperative medication. There is no documentation the injured worker underwent the anticipated arthroscopy with meniscectomy. The request for authorization is dated April 20, 2015. There is no contemporaneous clinical documentation with a request (in the medical record progress note) for Percocet other than the February 11, 2015 progress note. The progress note dated April 10, 2015 contains two entries for OxyContin. There is no clinical documentation with a clinical indication or rationale Percocet on or about the date of request authorization. Consequently, absent contemporaneous clinical documentation with a clinical indication/rationale for Percocet on or about the date of request for authorization (April 20, 2015), Percocet 10/325mg # 90 is not medically necessary.