

Case Number:	CM15-0107618		
Date Assigned:	06/12/2015	Date of Injury:	07/22/2013
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 reported an industrial injury on 6/2/2014. His diagnoses, and/or impressions, are noted to include: sprain/strain/injury of the left knee/leg, status-post left knee surgery, with transfer pain to the right knee; bilateral hand/wrists; lumbar and bilateral cervical spine sprain/strain; right lateral epicondylitis. No current imaging studies are noted; a computer assisted muscle test and range-of-motion test were stated to have been done on 4/7/2015. His treatments have included physical therapy; home exercise program; hot/cold therapy; medication management; and modified work duties. The progress notes of 4/7/2015 noted consultation for his bilateral knees, neck and low back, with complaints of unchanged, constant, bilateral knee pain which is aggravated by activities; intermittent, radiating low back pain which is aggravated by activities and associated with numbness and tingling; and never reported bilateral elbow pain x 3 years, with numbness and tingling in both hands and all fingers. Objective findings were noted to include cervical spine tenderness with decreased range-of-motion; right lateral epicondylar tenderness; diffuse wrist tenderness; an antalgic gait on the left with bilateral lumbar para-vertebral tenderness, noted guarding, and decreased range-of-motion; and tenderness to the left knee that is with an abnormal, bilateral, Q-Angels valgus, patellar facet tenderness, and painful, decreased range-of-motion. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the right knee, physical therapy for the lumbar spine and bilateral knees, and possible Synvisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 5/325 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-77, 90, 78, 43, 74, 86, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function, pain reduction, and lack of aberrant behaviors were noted in a progress note dated 4/30/2015. The patient did report increased pain when the Percocet was tapered to 75 tablets. The provider details that from a functional standpoint, there is increased pain with walking and standing and the tolerance for these can be greater than 10 minutes with use of opioids. The patient did not report any side effects, and periodic urine drug testing was reported to be consistent. Although it is preferable to include the actual results of a urine drug test, this by itself should not be grounds for denial of this medication, which appears to be in compliance with guidelines. This request is medically appropriate.