

Case Number:	CM15-0130111		
Date Assigned:	07/16/2015	Date of Injury:	03/01/1999
Decision Date:	09/08/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on March 1, 1999. She reported tripping and falling, landing on her knees with immediate knee and lower back pain. The injured worker was diagnosed as having intractable lumbar pain, lumbar radiculopathy, diffused chronic myofascial pain, history of right total knee replacement with chronic pain, history of left knee arthroscopic surgery with chronic pain, chronic cervical pain with radiculopathy, bilateral shoulder and elbow tendinitis (exacerbated), history of upper extremity fractures with open reduction internal fixation (ORIF) history, chronic headaches, depression and anxiety, hearing loss, and history of rectovaginal fistula. Treatments and evaluations to date have included CT scan of right knee, right knee arthroplasty, left knee arthroscopy, lumbar spinal injection, electrodiagnostic studies, MRIs, physical therapy, and medication. Currently, the injured worker complains of increased low back pain, with lower extremity symptoms, knee complaints, neck pain, headache depression, and anxiety. The Primary Treating Physician's report dated May 18, 2015, noted the injured worker was having difficulty doing most of her activities of daily living (ADLs) including standing, walking, using the stairs and similar activities, benefitting from the combination of Percocet, Neurontin, and Flexeril for her pain complaints over multiple body parts. The physical examination was noted to show the injured worker with an antalgic gait, using a cane for ambulation, with a right knee brace. The treatment plan was noted to include requests for authorization for Prevacid, Flexeril, Zomig, Amitiza, Neurontin, Senna, and Percocet. The injured worker was noted to remain totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg/325mg #90, one every 8 hours as needed with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The injured worker was noted to have been prescribed Percocet since at least December 2014. The Physician noted the injured worker with difficulty doing most of her activities of daily living (ADLs). The documentation provided did not include documentation of the injured worker's improved pain, function, improved ability to perform her activities of daily living (ADLs) such as bathing, dressing, etc., or improved quality of life with the use of the Percocet. There was no documentation of least reported pain over the period since the last assessment, the injured worker's average pain, the intensity of pain after taking the Percocet, how long it takes for pain relief, or how long the pain relief lasts. The injured worker was noted to remain totally disabled. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Percocet 10mg/325mg #90, one every 8 hours as needed with 5 refills, therefore is not medically necessary.