

Case Number:	CM15-0133192		
Date Assigned:	07/21/2015	Date of Injury:	03/10/2014
Decision Date:	09/23/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old male patient, who sustained an industrial injury on 03/10/2014. The injured worker was status post left knee revision total arthroplasty on 08/26/2014. According to a progress report dated 04/29/2015, he had complaints of left knee pain that was constant with every step. Pain was rated 7 (all the time) on a scale of 1-10. Labs were normal. The injured worker was temporarily totally disabled. Follow up was recommended for 6 weeks. According to primary treating physician's progress report dated 06/10/2015, he only had pain when walking on the knee. He had no pain at night. He was still taking Percocet and Tramadol for pain. The physical examination of the left knee revealed well healed incision, minimal swelling, medial and lateral tenderness and range of motion 0 to 110 degrees. The medications list includes percocet, tramadol and celebrex. He has undergone left knee revision total arthroplasty on 08/26/2014. He was prescribed physical therapy visits for this injury. An authorization request dated 06/29/2015 was submitted for review from the primary treating physician. Services requested included Percocet 325 mg #50 and Tramadol 50 mg #30. Currently under review is the request for Percocet 325 mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 325mg, #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Short-acting opioids; Opioids for chronic pain: Tolerance and addiction; Opioids for chronic pain: Chronic back pain; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Page 75-81 Page(s): 60, 78.

Decision rationale: Percocet 325mg, #50: Percocet contains oxycodone and acetaminophen. Oxycodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Patient was prescribed tramadol. Response to this medication without percocet for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 325mg, #50 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.