

Case Number:	CM15-0134216		
Date Assigned:	07/22/2015	Date of Injury:	07/19/2001
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey
 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:

The injured worker is a 56-year-old female who sustained an industrial injury on 7/19/2001 resulting in pain in both knees, upper and lower back, and lower right arm. She is diagnosed with cervical and lumbar musculoligamentous sprain or strain; status post bilateral knee replacements; and, failed knee replacement. Documented treatment has included total right and left knee arthroplasty, physical therapy providing report of slow improvement, aqua therapy which she reported to help with low back pain, acupuncture, home exercise, and medication which she reports helps reduce pain level and improves ability to perform activities of daily living. The injured worker continues to present with low back pain with limited range of motion, and right knee pain, swelling, and instability. The treating physician's plan of care includes use of Percocet and Fexmid. She is temporarily, totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp. 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was some vague reporting found in the documentation of functional gains with activities of daily living and exercises and pain level reduction, however, these reports were for the collective use of the worker's medications which are many, but included Percocet. So it is not known based on the documentation how effective or appropriate the Percocet is independently of the other medications chronically used. Therefore, considering this factor, the request for Percocet will be considered medically unnecessary at this time without clarification.

Fexmid 7.5mg, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, Fexmid appears to have been chronically used leading up to this request for continuation, which is not a recommended use of this drug type. Also, there was no evidence found in the notes available for review that a recent flare-up and muscle spasm was present to warrant a short course of Fexmid. Therefore, the Fexmid will be considered medically unnecessary at this time.