

Case Number:	CM15-0134299		
Date Assigned:	07/22/2015	Date of Injury:	03/07/2012
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
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: Massachusetts

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:

This injured worker is a 38 year old female who reported an industrial injury on 3/7/2012. Her diagnoses, and or impression, were noted to include: bilateral knee pain; low back pain. No current imaging studies were noted. Her treatments were noted to include a qualified medical examination with report on 6/26/2014; medication management with toxicology screenings; and rest from work as it is noted she was not working. The progress notes of 4/27/2015 reported ongoing bilateral knee and low back pain with burning pain in the bottom of his feet, and bruising-type pain on the left lateral ankle which is relieved by medications; and that his Norco had been denied. Objective findings were noted to include: a slow and mild antalgic gait; and a small amount of slight swelling and discoloration of the lateral malleus of the left ankle. The physician's requests for treatments were noted to include the continuation of Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg-# 60 with 1 refill: Overturned

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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for bilateral knee, back, and lower extremity pain. Medications are referenced as decreasing pain from 8/10 to 3/10. When seen, there was a mildly antalgic gait. There was slight left ankle swelling without tenderness. Percocet was revealed at a total MED (morphine equivalent dose) of 15 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.