

Case Number:	CM15-0142625		
Date Assigned:	08/03/2015	Date of Injury:	05/27/2014
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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, 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:

The injured worker is a 41 year old female, who sustained an industrial injury on 5-27-14. She has reported initial complaints of a left knee injury. The diagnoses have included left knee meniscus tear with chondromalacia, joint pain left lower leg and left knee pain status post osteochondral drilling. Treatment to date has included medications, activity modifications, surgery, physical therapy, bracing, and home exercise program (HEP). Currently, as per the physician progress note dated 6-15-15, the injured worker complains of left knee weakness but the left knee is getting better status post left knee surgery. It is noted that post-operative she had quadriceps atrophy and severe quadriceps inhibition in which she could not straighten out her knee and her knee was in contracture. The physician notes that with use of dynasplint and physical therapy she was getting back the range of motion. She is also weaning herself down to Percocet only. She is still having trouble with full weight bearing but she is down to one crutch. The current medications included Percocet, OxyContin and Ibuprofen. There is no previous urine drug screen noted. The physical exam reveals quad atrophy, quad strength 4 out of 5, she is lacking 15 degrees of active extension, flexion is to 85 degrees and weight bearing is still difficult. The physician requested treatment included Percocet 10/325mg one by mouth every 6 hours as needed #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg one by mouth every 6 hours as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months in combination with Oxycontin without routine documentation of pain score response. There was no mention of Tylenol failure. Use of Ibuprofen in combination without weaning of Percocet was not noted. The continued use of Percocet is not medically necessary.