MAXIMUS Federal Services

Case Number:	CM15-0144785		
Date Assigned:	08/05/2015	Date of Injury:	04/15/2013
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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:

The injured worker is a 35 year old female who sustained an industrial injury on 04-15-2013. Mechanism of injury was a twisting and buckled right knee. Diagnoses include chronic pain syndrome and pain in the right knee, encounter for long-term use of medications and right knee osteoarthritis. Treatment to date has included diagnostic studies, medications, Synvisc injections, knee brace, and use of crutches, physical therapy, and status post right knee lateral release surgery in 2014. A physician progress note dated 06-24-2015 documents the injured worker has pain in her right knee and rates it 5-6 out of 10 on the pain scale. The medications help to decrease her pain and improve her function. She is able to perform her ADL with less pain and she has a reduction of pain of 40% with the Percocet, which she has been on since surgery. There is tenderness to palpation on the lateral joint line, and positive crepitus. She received a second Synvisc injection with this visit. She is having anxiety and depression secondary to long-term right knee pain. She continues to work. Treatment requested is for Percocet 10/325mg #90, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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 April 2013 and continues to be treated for right knee pain after undergoing surgery in 2014. Medications are referenced as decreasing pain by 40% and allowing for performance of activities of daily living and continued work. Urine drug screening in March 2015 had been consistent with the prescribed medications. When seen, she had completed the first in a series of Synvisc injections. There was a normal BMI. There was medial knee joint line tenderness and crepitus with range of motion. Eight psychiatric evaluations were requested for the treatment of ongoing anxiety. Percocet was refilled at a total MED (morphine equivalent dose) of 45 mg per day. Urine drug screening was repeated. The second Synvisc injection was performed. 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, improved activities of daily living, and allowing for continued work. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for right knee pain after undergoing surgery in 2014. Medications are referenced as decreasing pain by 40% and allowing for performance of activities of daily living and continued work. Urine drug screening in March 2015 had been consistent with the prescribed medications. When seen, she had completed the first in a series of Synvisc injections. There was a normal BMI. There was medial knee joint line tenderness and crepitus with range of motion. Eight psychiatric evaluations were requested for the treatment of ongoing anxiety. Percocet was refilled at a total MED (morphine equivalent dose) of 45 mg per day. Urine drug screening was repeated. The second Synvisc injection was performed. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening three months after the previous testing was not medically necessary.