

Case Number:	CM15-0161254		
Date Assigned:	08/28/2015	Date of Injury:	03/22/2012
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/18/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 51 year old male with a March 22, 2012, date of injury. A progress note dated June 22, 2015, documents subjective complaints: neck pain with associated headaches rated at a level of 4 to 6 out of 10 with medications and 8 out of 10 without medications; right shoulder pain rated at a level of 5.5 out of 10 with medications and 7 out of 10 without medications; left shoulder pain rated at a level of 7.5 out of 10 with medications and 9 out of 10 without medications; numbness in the right elbow through the forearm to the hand; thoracic pain around the T9-10 region; lower back pain with numbness in the plantar aspect of both feet rated at a level of 7.5 out of 10 with medications and 9 out of 10 without medications. Objective findings included: tenderness to palpation over the C5-6 and C6-7 region; increased pain with range of motion of the cervical spine; antalgic gait using a front wheeled walker; tenderness to palpation over the T9-10 region; wearing a left knee anterior cruciate ligament brace. Current diagnoses included: medial posterior horn tear of the left knee; lumbosacral disc degeneration; thoracic spine compression fractures with signal change; anterior cruciate ligament tear of the left knee with degenerative joint disease; left shoulder arthritis; cognitive dysfunction, status post closed head injury; depression and anxiety; right knee degenerative joint disease, compensatory; left leg radiculopathy. Treatments to date have included imaging studies, medications, therapy, bracing, and injections. The injured worker is temporarily totally disabled. The treating physician documented a plan of care that included Percocet 10-325 mg #120, which was non-certified by Utilization Review on July 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-83.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Percocet, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, no abnormal behavior, negative urine drug screen, and subjective functional improvement as of June 11, 2015. According to the primary treating provider note from July 14, 2015, he is also followed by two other providers, one of which continues to manage his pain medications. In addition, the injured worker is status post left knee arthroscopy with microfracture and drilling of trochlear defect and lateral release on July 15, 2015. Of concern from the provider notes is the negative drug screen on April 16, 2015, since the injured worker had been prescribed opioids previously. Also, the injured worker is currently receiving Percocet from two different providers, which is not consistent with the cited guidelines. Therefore, the request for Percocet 10-325 mg #120 is not medically necessary and necessary.