

Case Number:	CM15-0164751		
Date Assigned:	09/02/2015	Date of Injury:	09/06/2006
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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 57 year old female who sustained an industrial injury on September 06, 2006. A pain management follow up dated July 23, 2015 reported increased bilateral knee pain. Current medication regimen consisted of: Percocet Acetaminophen 10mg 325mg; Baclofen, Omeprazole, Trazadone, Ritalin, Paroxetine, Clonazepam, Imodium and Dulcolax. The diagnostic impression noted: joint pain, ankle and foot: joint pain, lower leg; displacement of cervical intervertebral disc without myelopathy, and sciatica. The plan of care noted home assistant care, consultation visit, assigned a case nurse, Percocet 10mg 325mg one by mouth QID #120 and follow up visit. A progress note dated February 23, 2015 reported the physician's primary concern is her losing weight as she is noted morbidly obese. Medications are: Topamax, Trazadone, Paxil and Wellbutrin. Pain follow up dated April 27, 2015 reported current medications: Paxil, Ritalin, Klonopin, and Trazadone. There is note of reducing the Klonopin from 1mg to .5mg. At pain follow up dated May 26, 2015 noted the worker with increased panic attacks taking the reduce Klonopin dose of .5mg and therefore, she will be prescribed the 1mg again for adequate coverage. June 22, 2015 reported her doing alright. The Klonopin will remain at 1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet (Oxycodone/Acetaminophen) 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2006 and is being treated for progressive knee pain. Knee surgery is being considered pending weight loss. Her weight is 370 pounds. On 07/09/15, Norco was being prescribed. On 07/23/15, Norco had been discontinued and Percocet was being prescribed. The total MED (morphine equivalent dose) had been increased from 50 mg per day to 60 mg per day. Her pain had decreased from 7/10 to 1/10. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Percocet (oxycodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain while taking Norco. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.