

Case Number:	CM15-0166302		
Date Assigned:	09/04/2015	Date of Injury:	03/06/2007
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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 65 year old female, who sustained an industrial injury on 3-6-07. The diagnoses have included severe degenerative arthritis of the right knee, status post right total knee arthroplasty (TKA) on 1-12-15, and Dupuytren's disease of the left palm, index finger, middle and ring finger. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, occupational hand therapy, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 5-1-15, the injured worker returns for evaluation of the right knee. The pain has been controlled. The current pain medications included Hydrocodone-Acetaminophen, Lorazepam, Percocet and Tramadol. There is no previous urine drug screen noted. The objective findings-physical exam of the right knee reveals that the wounds are benign. The range of motion is from 0-120 degrees. There is no effusion noted. The physician requested treatment included Percocet 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids, On-Going management, Oxycodone/Acetaminophen (Percocet), Weaning of Medications Page(s): 75, 78, 92, 97, and 124.

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 has a remote history of a work-related injury in March 2007 and is being treated for knee and hand pain and has a history of a right total knee replacement in January 2015 and underwent a left Dupuytren's release in May 2015. In May 2015 the claimant was not taking any pain medication, although Percocet and tramadol are listed as active medications. Physical examination findings included knee flexion to 120 degrees and a negative effusion. Percocet is being requested. 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 reported VAS scores in the submitted documentation that support an ongoing need for this medication or that it is providing either decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.