

Case Number:	CM15-0189763		
Date Assigned:	10/09/2015	Date of Injury:	04/15/2013
Decision Date:	11/25/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, 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:

This is a 36-year-old female with a date of industrial injury 4-15-2013. The medical records indicated the injured worker (IW) was treated for knee pain; chronic pain syndrome; encounter for long-term (current) use of other medications; encounter for therapeutic drug monitoring; and knee osteoarthritis. In the progress notes (4-9-15 through 8-20-15), the IW reported chronic right knee pain rated 4 to 6 out of 10. She was taking Percocet 10-325mg (since at least 4-2015) three times daily as needed for pain. The notes indicated she could perform her activities of daily living with less pain with her medication, which reduced her pain by 40%, and allowed her to work. She denied side effects. The toxicology screen on 6-27-15 was consistent with her prescribed medication and the provider noted the PAR on 8-18-15 was "consistent". On examination (8-20-15 notes), post tibial and dorsalis pedis pulses were 2+ and sensation was intact. There was mild effusion in the right knee, tenderness in the medial and lateral joint lines and positive crepitus. The right knee incision was well healed and without signs of infection. Treatments included Synvisc injections, series of three, with the last injection 8-6-15 causing vomiting and headache; right knee arthroscopy (6/20/2014) and physical therapy. The IW was temporarily partially disabled. The patient had MRI of the right knee on 9/30/14 that revealed effusion and surgical changes. The patient's surgical history includes right knee surgery and cardiac ablation. The medication list includes Alprazolam, Metoprolol, Trazodone, Flexeril and Percocet. The patient has had history of allergy of Tramadol. Patient had received cervical ESI for this injury. Per the note dated 9/15/15, the patient had complaints of right knee pain at 4-7/10. The medication helps her in reducing pain and improves function. Percocet reduces pain by 40% and she can perform ADL. Physical examination of the right knee revealed tenderness on palpation, effusion, and crepitus. The patient had UDS on 6/27/15 that was consistent.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Percocet 10/325mg #90 This is an opioid analgesic. Criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The patient had MRI of the right knee on 9/30/14 that revealed effusion and surgical changes. The patient's surgical history includes right knee surgery and cardiac ablation. The medication list includes Alprazolam, Metoprolol, Trazodone, Flexeril. The patient has had a trial of non-opioid medications for this injury. Per the note dated 9/15/15, the patient had complaints of right knee pain at 4-7/10. The medication helps her in reducing pain and improves function. Percocet reduces pain by 40% and she can perform ADL. Physical examination of the right knee revealed tenderness on palpation, effusion, and crepitus. Therefore, the patient has chronic pain along with significant abnormal objective findings. The patient had UDS on 6/27/15 that was consistent. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The request of the medication Percocet 10/325mg #90 is medically necessary and appropriate in this patient.