

Case Number:	CM15-0195545		
Date Assigned:	10/09/2015	Date of Injury:	01/30/2000
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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 56 year old female who sustained an industrial injury on 1-30-2000. A review of medical records indicates the injured worker is being treated for post-op right shoulder, status post left knee arthroscopic surgery, lumbar spine HNP with radiculopathy, cervical spine HNP with radiculopathy, osteoarthritis of the left knee, and total knee replacement. Medical records dated 8-31-2015 noted right shoulder pain, right knee pain, neck pain that increases with activity, and low back pain with radiation into the lower extremities. Physical examination of the thoracolumbar spine was reduced. There was patellar joint pain, medial joint line pain, and lateral joint line pain. Exam of the cervical spine revealed tenderness to palpation over the C6 region bilaterally. Range of motion was reduced. The right shoulder had decreased range of motion and tenderness. Treatment has included physical therapy, injections, and medications. Percocet since 7-1-2015. Utilization review form dated 9-3-2015 noncertified Percocet 10- 325mg #90.

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, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2000 and continues to be treated for neck, low back, and right knee and shoulder pain. When seen, she was taking Percocet up to three times per day. She was receiving between 30-40% pain relief lasting for 3-4 hours which was allowing for performance of activities of daily living and household chores. Physical examination findings included appearing slightly anxious. There was a stiff antalgic gait. She had right lumbar tenderness with decreased range of motion and trigger points. Facet loading and Fabere testing was positive. There was right knee and shoulder tenderness with decreased shoulder range of motion. She had cervical spine tenderness with decreased range of motion and pain with extension. Medications were refilled. The total MED (morphine equivalent dose) was 45 mg per day. 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. 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 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 and improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.