

Case Number:	CM15-0205390		
Date Assigned:	10/22/2015	Date of Injury:	08/28/2014
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of August 28, 2014. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for Percocet while approving a request for Motrin. The claims administrator referenced a September 10, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing complaints of knee pain. The note was very difficult to follow and not altogether legible. The applicant was apparently using crutches to move about, it was suggested. The attending provider suggested that the applicant taper off of opioids. The applicant was seemingly kept off of work through September 7, 2015 and given a rather proscriptive limitation of "sedentary work" only beyond that point. No seeming discussion of medication efficacy transpired. On August 13, 2015, the applicant was asked to employ methadone, Percocet, and Motrin for ongoing complaints of knee pain. The applicant had 7/10 pain complaints. The applicant reported 70% to 80% reduction of pain with medication consumption, the treating provider reported. The applicant's work status was not detailed. On a handwritten note dated June 13, 2015, the applicant was placed off of work, on total temporary disability. Motrin and Percocet were renewed while the applicant was seemingly kept off of work. No seeming discussion of medication efficacy transpired. On August 4, 2015, Motrin and Percocet were again renewed while the applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: No, the request for Oxycodone-acetaminophen (Percocet), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work, it was suggested on multiple office visits, referenced above, including on September 1, 2015. The applicant was using crutches to move about on that date. The attending provider failed to outline any quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage on that date. While an earlier note of August 13, 2015 suggested that the applicant was deriving some analgesia with ongoing medication consumption, those reports were, however, outweighed by the applicant's seeming failure to return to work and the failure of the treating provider(s) to outline meaningful, material and/or substantive improvements in function (if any) effected as a result of ongoing Percocet (Oxycodone-acetaminophen) usage. Therefore, the request is not medically necessary.