

Case Number:	CM15-0041140		
Date Assigned:	03/11/2015	Date of Injury:	10/09/2008
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, 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 41 year old man sustained an industrial injury on 10/9/2008. The mechanism of injury is not detailed. Current diagnoses include left knee arthroscopy with revision with lateral release and ongoing knee pain and instability, right knee pain with degenerative joint disease and prior arthroscopy, low back pain with degenerative joint disease, depression and anxiety disorder, sleep apnea, and a calcaneal heel spur. Treatment has included oral medications and surgical intervention. Physician notes dated 1/8/2015 show complaints of left knee pain rated 9/10, however states this goes down to a 4/10 with medications and up to a 10/10 without medications. Recommendations include continuing the current medication regimen, continue exercise regimen and weight loss, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #120 (4 tablets a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for over a year in combination with other opioids and anti-depressants. Pain reduction attributed to Percocet cannot be determined. Attempt to wean to use Tylenol are not noted. The continued and chronic use of opioids for knee pain and the use of Percocet is not medically necessary.