

Case Number:	CM15-0042454		
Date Assigned:	03/12/2015	Date of Injury:	08/30/1997
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male sustained a work related injury on 08/30/1997. According to a progress report dated 11/18/2014, the injured worker complained of right knee pain and was awaiting surgery. He was status post-surgery of the right knee on 10/15/2014 (total replacement). Pain was rated 6 on a scale of 1-10. Without medications, pain was rated 9. According to the provider, the last urinalysis on 11/2013 was inconsistent, negative for hydrocodone. The last CURES on 10/01/2014 were noted to be consistent. Diagnoses included status post right knee total replacement and low back pain. Current medication regimen included Kadian, Norco, Soma and Ambien. Treatment plan included change Norco to Percocet secondary to increased pain both post-op and physical therapy, urine toxicology screen at next visit and follow up in one month. A urine drug screen dated 01/06/2015 was submitted for review and noted some discrepancies. According to a progress report dated 01/06/2015, pain was rated 6 on a scale of 1-10. Without medications pain was rated 7. Treatment plan included continue Percocet (reduce at next visit), Kadian, Ambien and Soma and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with right knee pain, rated 6/10 with medications and 7/10 without. The request is for PERCOCET 10/325 MG # 180. Patient is status post total right knee replacement 10/15/14. Per 01/06/15 progress report, patient's diagnosis include status post right knee total replacement 10/15/14 and low back pain. Patient's medications, per 11/18/14 progress report include Kadian, Norco, Soma and Ambien. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, only two progress reports were provided. In 11/18/14 progress report, treater states that the patient complains of knee pain and is awaiting surgery in 2 weeks. In the same report, under Treatment Plan and Request for Authorization, it is stated, "Medications: change Norco to Percocet secondary to increased pain both post-op and physical therapy." Per 01/06/15 progress report, the last CURES on 10/01/14 was consistent. However, the 4A's are not appropriately addressed on this subsequent note although the patient has been on Percocet for 6-8 weeks. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. Furthermore, patient's Urine Drug Screening report dated 01/13/15 showed inconsistencies regarding opioid intake but the treater does not discuss this nor take any appropriate action. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.