

Case Number:	CM15-0054025		
Date Assigned:	03/27/2015	Date of Injury:	10/23/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Connecticut, California, Virginia
 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 injured worker is a 48 year old male, who sustained an industrial injury on 10/23/2014. He reported low back pain after an escalator abruptly stopped. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain, left medial epicondylitis, left elbow degenerative joint disease, left hip bursitis, left knee chondromalacia, left knee internal derangement and left knee medial meniscus tear. Treatment to date has included hinged knee brace, steroid injections and medication management. In a progress note dated 2/9/2015, the injured worker complains of low back pain and pain in the left elbow, hip and knee. The treating physician is requesting Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient requires close monitoring and treatment, to include close follow up regarding improvement in pain/function. There is no provided evidence of functional improvement described with previous opioid treatment. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. If there is objective evidence of functional improvement, it should be documented clearly in order to consider continuation of opioid treatment. Given the provided documents lacking evidence of a plan for medication monitoring, risk assessment profile, pain contract, etc., and concern for further treatment with drugs easily leading to dependency, the current request for Percocet is not considered medically necessary.