

Case Number:	CM15-0060258		
Date Assigned:	04/06/2015	Date of Injury:	05/27/2005
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 61 year old female, who sustained an industrial injury on 5/27/2005. She reported injury while assisting someone to ambulate sustaining a fall with injury to the left hip, lower left leg, left elbow and right knee. Diagnoses include right knee medial meniscal tear. She is status post left knee arthroscopy in 2007 and right shoulder rotator cuff repair in 2006. Treatments to date include medication therapy, rest, activity modification and a cane for ambulation. Currently, she was complaining of chronic progressive right knee pain. The medical records indicated that right knee surgery was approved and did not happen for different reasons, however, as of August 2014 QME report; the injured worker had desired to undergo right knee surgery. The medication records indicated that Norco had been the plan of care while pending an orthopedic referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet Dosage and (QTY not indicated): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: The MTUS Guidelines explain that the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. This request is made without addressing pain assessment, medication efficacy, or providing the amount of medication to be prescribed. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Percocet Dosage and (QTY not indicated) is determined to not be medically necessary.