

Case Number:	CM15-0231430		
Date Assigned:	12/07/2015	Date of Injury:	12/05/2008
Decision Date:	01/11/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/24/2015

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: Emergency 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 59 year old female who sustained an industrial injury 12-05-08. A review of the medical records reveals the injured worker is undergoing treatment for osteoarthritis of the left knee and lumbar sprain. Medical records (10-28-15) reveal the injured worker complains of left knee pain rated at 4/10 with medications. The physical exam (10-29-15) reveals a short step gait. The injured worker is not able to walk on heels and toes. Tenderness is noted in the left knee. Range of motion is documented for the cervical and lumbar spines, shoulders, hands, wrist, hips, knees, ankles, and feet. None are noted to be abnormal. Sensation is noted to be "normal" bilaterally L1-S1. 2 degrees of limping was noted when walking. Prior treatment includes physical therapy, injections, and medications including Norco, and Prednisone. The original utilization review (11-05-15) non-certified the request for Percocet 10/325 #120. The injured worker was weaned from Norco 10/325 #120 tablets on 05-27-15 and 06-24-15, to #96 on 07-22-15 and 08-19-15, to #60 on 09-16-15. The treating provider reports (09-16-15) the plan was Norco #90 at the next visit. There is no documentation as to why the Norco was discontinued and replaced with Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Percocet 10/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left knee pain rated at 4/10 with medications. The physical exam (10-29-15) reveals a short step gait. The injured worker is not able to walk on heels and toes. Tenderness is noted in the left knee. Range of motion is documented for the cervical and lumbar spines, shoulders, hands, wrist, hips, knees, ankles, and feet. None are noted to be abnormal. Sensation is noted to be "normal" bilaterally L1-S1. 2 degrees of limping was noted when walking. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg #120 is not medically necessary.