

Case Number:	CM14-0205022		
Date Assigned:	12/17/2014	Date of Injury:	04/15/2013
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 35-year-old female with a 4/15/13 date of injury, and status post right knee arthroscopy, arthroscopic plicectomy and synovectomy, arthroscopic lateral retinacular release 6/16/14. At the time (10/28/14) of request for authorization for Percocet 10/325mg #120, there is documentation of subjective (7-8/10 right knee pain) and objective (right knee tenderness on medial and lateral joint line) findings, current diagnoses (knee pain, chronic pain syndrome, encounter for long term (current) use of other medications, and encounter for therapeutic drug monitoring), and treatment to date (medications (including ongoing treatment with Soma and Percocet (with improved activity level and able to walk longer and perform her daily activities with less pain)). Medical report identifies pain contract was reviewed with the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of knee pain, chronic pain syndrome, encounter for long term (current) use of other medications, and encounter for therapeutic drug monitoring. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of improved activity level and able to walk longer and perform her daily activities with less pain with Percocet, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg #120 is medically necessary.