

Case Number:	CM14-0217257		
Date Assigned:	01/07/2015	Date of Injury:	09/30/2003
Decision Date:	03/06/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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:

The patient presents with pain and weakness in his right knee. The request is for 1 PRESCRIPTION OF PERCOCET 10/325MG #90. The patient has been utilizing Percocet since at least 10/16/13. Regarding chronic opiate use, MTUS guidelines page 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 4A's (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, the treater provides urine drug screening report for opiate monitoring. The treater indicates that Percocet max 8/day reduced his pain by 30-40% from 10/10 to 6-7/10 and allowed the patient to continue to perform laundry and light household chores occasionally, as well as interact with his family. However, the patient only presents with a diagnosis of knee pain from prior meniscal tear, and history of fracture. Long-term use of opiate is not supported for this kind of condition per MTUS. In addition, ADL improvement documented does not appear significant and it is likely that the patient would be able to do laundry and interact with the family even without the opiates. No validated instruments are used to document functional improvement. There is no return to work. The request IS NOT medically necessary and should be slowly tapered per MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78 and 88-89.

Decision rationale: This 52 year old male was injured 9/30/03 after sustain a fall while working construction. He had an onset of low back and right lower extremity pain posterior in the thigh and leg and bottom of the foot. He had received chiropractic care, physical therapy and epidural steroid injections. By 8/07 the injured worker had developed osteonecrosis of the hips that was attributed to an epidural steroid injection (ESI). In 9/07 he underwent right total hip arthroplasty and developed residual problems of pain and popping in the hip and right knee pain that was present when he woke up from surgery. In addition he had genitourinary problems after the second ESI and he had a sacral nerve stimulator placed to help with bladder function which has been beneficial. He also had left shoulder surgery. He had his total right hip arthroplasty revised in 7/11 and in 9/12 left total hip replacement. On 8/11/14 he fell at home and was found to have minimally displaced tibial plateau fracture laterally. He ambulated with crutches. His medications include Lexapro, amlodipine, butalbital, Percocet, Soma and Valium. He complains of bilateral hip, shoulder, neck, back and rib pain and sleep disturbances and dental issues. He uses Icy Hot and a transcutaneous electrical nerve stimulator (TENS) unit about once per month. He has had numerous diagnostic evaluations over the years related to his orthopaedic problems. His diagnoses include sciatica, lumbar degenerative disc disease, lower leg pain, hip joint pain, shoulder joint pain and depression driven by pain. Current physical exam demonstrates decreased range of motion of the neck due to pain that radiated into the upper thoracic spine and bilateral upper extremities. He demonstrated decreased range of motion of the back. He uses a cane for ambulation. His pain intensity is 6-7/10 with use of Percocet. There is no clear detailed discussion of functional capacity, activities of daily living. The injured worker is not working but work status is not clear. On 12/13/14, Utilization Review (UR) non-certified the request for Percocet 10/325 mg #90. The UR available, did not give a clear rationale as to the non-certification only that established criteria had not been met. MTUS Chronic Pain Guidelines were referenced.