

Case Number:	CM15-0112894		
Date Assigned:	06/19/2015	Date of Injury:	05/07/2002
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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 a 51 year old female who sustained an industrial injury on 05/07/2002 when she was helping to push a helicopter out of a hangar and a tire ran over her foot. The injured worker was diagnosed with internal derangement of the knee, causalgia of the lower limb, sciatica, myofascial pain/myositis and depression. The injured worker underwent ankle surgery times 5. There was no description of procedures performed or dates of occurrence. Treatment to date has included diagnostic testing with a recent right knee magnetic resonance imaging (MRI) in July 2014, surgery, physical therapy, ankle foot orthosis (AFO), bilateral knee braces and medications. According to the primary treating physician's progress report on April 9, 2015, the injured worker continues to experience pain in both lower extremities and knees. The injured worker rates her pain level at 6-7/10. Examination noted painful and limited range of motion of the right ankle with severe weakness of the bilateral ankle dorsiflexion and bilateral ankle plantar flexion. Mottling and hyperesthesia to light touch was noted in the right foot. Reflexes were intact. Sacroiliac (SI) joint compression test and McMurray's tests were positive on the right. Current medications are listed as Percocet, Baclofen, Lyrica, Paxil, Seroquel, Ranitidine, Lidoderm Patch, Biofreeze and topical solutions. Treatment plan consists of bilateral PTO knee braces, continuing with medication regimen, wearing the ankle foot orthosis (AFO) and the current request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #100 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 63-64, 82, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Percocet 10/325mg #100 for the right knee 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 pain in both lower extremities and knees. The injured worker rates her pain level at 6-7/10. Examination noted painful and limited range of motion of the right ankle with severe weakness of the bilateral ankle dorsiflexion and bilateral ankle plantar flexion. Mottling and hyperesthesia to light touch was noted in the right foot. Reflexes were intact. Sacroiliac (SI) joint compression test and McMurray's tests were positive on the right. The treating physician has not documented VAS pain quantification with and without medications, 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 #100 for the right knee is not medically necessary.