

Case Number:	CM15-0119244		
Date Assigned:	06/29/2015	Date of Injury:	07/26/2011
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/20/2015

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: Arizona, Michigan
 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 55-year-old female, who sustained an industrial injury on 7/26/2011. She reported falling due to a pothole, and injuring her left knee, neck and back. The injured worker was diagnosed as having chronic left knee pain status post knee replacement, mild bilateral shoulder pain, low back pain, right thumb joint pain, left lumbar radiculitis. Treatment to date has included left knee surgery (February 2012), medications, water therapy, and physical therapy. She had a previous work related injury that required left total knee replacement in 2010. The request is for Percocet 5/325 mg, quantity #120. On 12/4/2014, she complained of pain to the neck, low back, left knee and right wrist. On 12/4/2014, she complained of low back pain, left knee, shoulder, neck and right wrist pain. She indicated her low back and left knee to be bothering her the most on this date. She is also experiencing numbness and tingling to the back of her left thigh. Her neck pain is reported to radiate to the shoulders and up the head causing headaches. She is noted to take Percocet and Flexeril with good benefit and no side effects. She rated her pain 9-10/10 without medications and 5-6/10 with medications. On 1/5/2015, she continued with pain to the neck, low back, left knee and right wrist. She rated her pain 8/10 without medications and 4-5/10 with medications. Her medications are listed as Buspar, Topamax, Ambien, Percocet, Flexeril, and Miralax. On 6/9/2015, she had continued complained of pain to the neck, low back, left knee, shoulders, and right hand. She rated her pain 8-9/10 without medications and 3-4/10 with medications. Her functional improvement with medication is noted as working full time, taking care of her home, family, and exercise. She has decreased her dosage of Percocet from 6-8 per day down to 4 per day. Physical findings are noted to be

mild tenderness with full cervical spine range of motion, lumbar spine with tenderness and pain on flexion, left knee tenderness, full shoulder range of motion with pain noted at end of range, and tenderness to the right thumb joint. The treatment plan included Percocet. She is noted to have a CURES report that is consistent with her prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg (Do not fill until 7/7/15) #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Percocet (Oxycodone & Acetaminophen Page(s): 74-95, 97.

Decision rationale: Per the CA MTUS guidelines, Percocet is the brand name of an Oxycodone and Acetaminophen combination drug. Oxycodone is a potentially addictive opioid analgesic medication. The CA MTUS guidelines state there are 4 A's for ongoing monitoring of opioids: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). On-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The dosage of Percocet is based on the Oxycodone content and should be administered every 4 to 6 hours as needed for pain. Percocet dosage initially is 2.5 to 5 mg by mouth every 4 to 6 hours as needed. The maximum daily dose of Percocet is based on the acetaminophen content (maximum 4000mg/day). For more severe pain the dose of Percocet (based on Oxycodone) is 10-30mg every 4 to 6 hours as needed for pain. The dose of Percocet should be reduced in patients with severe liver disease. The records indicate she attains a significant reduction of her pain with her medications from 8-9/10 down to 3-4/10. She is noted to be working full time, taking care of her home, family and doing some exercising with the utilization of her current medications. Most importantly, she is noted to have had a reduction in her Percocet dosage from 6-8 per day down to 4 per day. She is also noted to have had a CURES report which is consistent with her prescriptions, and the records indicated she has had no side effects. Therefore, the request for Percocet 5/325 mg (Do not fill until 7/7/15) #120 is medically necessary.