

Case Number:	CM15-0122278		
Date Assigned:	07/24/2015	Date of Injury:	08/07/2001
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 56 year old, male who sustained a work related injury on 8/7/01. The diagnoses have included knee pain and status post total knee surgery. Treatments have included oral medications, Lidoderm patches, physical therapy, knee surgeries, vocational rehabilitation program, knee bracing, knee cortisone injections, TENS unit therapy, and home exercises. In the PR-2 dated 4/29/15, the injured worker complains of bilateral knee pain. Ace wraps being used. Left knee pain due to abnormal gait from painful right knee. She has popping in left knee. No change in pain symptoms in right knee. In a note dictated by the provider dated 5/27/15, the injured worker complains of terrible knee pain and a painful neuroma. He complains that insurance company has stopped paying for his Neurontin. He wants to continue Lidoderm patches and methadone. He is not working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Oxycodone/acetaminophen (Percocet; generic available); Criteria for use of Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Per the CA MTUS guidelines, Percocet is a combination of Oxycodone and acetaminophen. It is noted that the injured worker has been on this medication for a minimum of 3 years. There is no documentation of a change in pain level, how effective the Percocet has been in relieving his pain or any improvements made in functional capacity. The injured worker is not working. There is no documentation noted about how he takes the Percocet in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. Documentation does not include a toxicology screen as recommended by the guidelines. The documentation does not support that opiate prescribing is consistent with the CA MTUS guidelines. Since there is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, the request for Percocet is not medically necessary.