

Case Number:	CM15-0123792		
Date Assigned:	08/03/2015	Date of Injury:	12/14/2001
Decision Date:	09/21/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, Florida, California

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 70-year-old male who sustained an industrial injury on 12-14-01. Current diagnoses include degenerative joint disease-bilateral knees and chronic pain syndrome. Previous treatments included medications, surgical intervention, and physical therapy. Report dated 06-09-2015 noted that the injured worker presented with complaints that included bilateral knee pain. Pain level was 5 (current), 10 (without medications), 4 (best), 8 (worst), and 5 (average) out of 10 on a visual analog scale (VAS). Current medication regimen includes Percocet, Norco, and Ambien. The physician documented that the last urinalysis screen on 07-01-2014 was consistent, but the report showed inconsistent results and there was no recent urine drug screen included. Physical examination was positive for an antalgic gait, positive crepitus with range of motion, weak strength in quads, and locking with range of motion. The treatment plan included changing Norco to Hysingla ER 80 mg 1 per day abuse deterrent and Percocet 10-325 bid #60, discussed with the injured worker that THC is not consistent with current regimen, urine tox screen at next visit to monitor compliance, and follow up in two months. Report dated 04-17-2015 documented that the injured worker got a prescription for THC from his primary care physician. The physician noted further that he had a discussion with the injured worker about the THC and that it is inconsistent with the current regimen. Last cures report was from 06-2015 which was inconsistent showing 2 prescriptions from other providers, further explanation was not provided. Medical records submitted support that the injured worker has been prescribed Percocet since at least 12/24/2014. Disputed treatments include Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet), Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured now 14 years ago. There was bilateral knee degenerative joint disease and chronic pain syndrome. Previous treatment included medicines. The current medicine include Percocet, Norco and Ambien. There is no documentation of objective functional improvement out of the use of opiates over the many years. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.