

Case Number:	CM15-0129255		
Date Assigned:	07/15/2015	Date of Injury:	04/15/2013
Decision Date:	08/18/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old female patient who sustained an industrial injury on 04/15/2013. The diagnoses include right knee osteoarthritis and chronic pain syndrome. Per the doctor's note dated 6/24/15, she had complaints of right knee pain. According to the primary treating physician's progress report on May 28, 2015, she had complaints of right knee pain and presents for Synvisc injection. She had pain level at 5-6/10 with a reduction in pain by about 4 points with medications. Examination of the right knee revealed a well healed incision with tenderness on the medial and lateral joint lines and crepitus. Synvisc was administered without complications. She is currently working. Current medication list includes Percocet, Alprazolam, metoprolol and Trazodone. She has undergone a right knee lateral release and re-alignment in June 2014. She has had right knee MRI on 9/30/2014. She has had physical therapy and home exercise program for this injury. She has had a urine drug test on 3/13/2015 and 6/24/2015. Treatment plan consists of Synvisc injections to the right knee times 2, follow-up visit, evaluation with psychiatrist, a urine drug screening and the current request for Percocet 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Short-acting/Long-acting opioids, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 75-80.

Decision rationale: Percocet 10/325mg #90. Percocet contains Oxycodone and acetaminophen. Oxycodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. This patient does not meet criteria for ongoing continued use of Percocet. The medical necessity of Percocet 10/325mg #90 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.