

Case Number:	CM15-0172635		
Date Assigned:	09/14/2015	Date of Injury:	03/16/2011
Decision Date:	10/28/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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, New York, 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 applicant is a represented 28-year-old who has filed a claim for chronic knee and leg pain with derivative complaints of psychological stress reportedly associated with an industrial injury of March 16, 2011. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a July 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated June 9, 2015, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy on an unspecified date. The applicant was asked to continue physical therapy. Medication selection and medication efficacy were not seemingly discussed. The applicant was, however, kept off of work. On a Medical-legal Evaluation dated June 23, 2015, it was stated that the applicant had undergone knee surgery on February 17, 2015 but had failed to return to work since that point in time. The medical-legal evaluator noted that the applicant was on Percocet, Soma, and Xanax and had difficulty performing activities of daily living as basic as dressing, sitting, reclining, standing, and/or negotiating stairs. Derivative complaints of insomnia, depression, and anxiety were evident. In a handwritten note dated September 24, 2015, the applicant reported ongoing complaints of knee pain. Percocet was renewed. No seeming discussion of medication efficacy transpired. Walking remained problematic, it was reported. The applicant was given rather proscriptive 5-pound lifting limitation on this date. It was not clearly stated whether the applicant was working with said limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1 tablet 3 times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, it did not appear that the applicant was working with a rather proscriptive 5-pound lifting limitation in place of the July 24, 2015 office visit at issue. Activities of daily living as basic as walking remained problematic, it was acknowledged on that date. No seeming discussion of medication efficacy transpired insofar as Percocet was concerned on that date. A medical-legal evaluated reported on June 23, 2015 that the applicant was off of work and was having difficulty performing activities of daily living as basic as standing, walking, negotiating stairs, dressing, and sitting. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing Percocet usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.