

Case Number:	CM15-0177391		
Date Assigned:	09/18/2015	Date of Injury:	08/12/2009
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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, 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:

The injured worker is a 68 year old male who sustained an industrial injury on 08-12-09. A review of the medical records indicates the injured worker is undergoing treatment for lumbar spine radiculitis, and left hip bursitis. Medical records (07-28-15) reveal the injured worker complains of neck, back, left hip, right shoulder, bilateral knee, bilateral heels, and right ankle pain. The physical exam (07-28-15) reveals tenderness to the bilateral knees and a slow guarded gait, as well as limited range of motion to the lumbar and cervical spines and bilateral knees. Treatment has included medications. The original utilization review (08-10-15) non certified the request for Supartz injections to the bilateral knees and Percocet 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection x5 for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter- Hyalouronic Acid and pg 36.

Decision rationale: In this case, the claimant does have knee pain and improved with prior injections 7 months ago. However, there are no clinical, radiological or other findings that support a diagnosis of arthritis as defined by the guidelines. As a result, the request for Supartz injections is not medically necessary.

Percocet 10/325mg #120: 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, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for an unknown length of time without mention of pain scores. There was no mention of Tylenol, NSAID or weaning failure. The continued use of Percocet is not medically necessary.