

Case Number:	CM15-0179130		
Date Assigned:	09/21/2015	Date of Injury:	04/21/2010
Decision Date:	10/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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 70 year old female who sustained an industrial injury on 04-21-2010. Diagnoses include knee pain. A physician progress note dated 08-27-2015 documents the injured worker has continued knee pain that she rates as 9 out of 10 without medications, and 6 out of 10 with medications. She appears to be in moderate distress. She has a slowed gait and uses a cane. Knee range of motion is restricted in both the right and left knee. Her left knee has tenderness to palpation over the lateral joint line, medial joint line and patella. She has a mild effusion. She has increased improved activity tolerance with Percocet. Treatment to date has included diagnostic studies, medications, status post right knee total replacement on 12-01-2015, physical therapy, and a home exercise program. Current medications include Celebrex, Norco, Pennsaid, Voltaren Gel, Percocet, Aspirin, Atenolol, Clonidine, Glipizide, Lipitor, Lisinopril, Metformin and Venlafaxine. On 09-02-2015 the Utilization Review non-certified the request for Percocet 10-325mg #60. A Utilization Review dated 08-05-2015 certified a request for Percocet 10-325mg twice a day #60.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 Norco in combination with Celebrex for several months. NO one opioid is superior to another. Long-term use is not recommended. There was no mention of Tylenol or weaning failure. The continued use of Percocet is not medically necessary.