

Case Number:	CM15-0064198		
Date Assigned:	04/10/2015	Date of Injury:	08/29/2014
Decision Date:	05/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 19 year old male who sustained an industrial injury on 08/29/2014. Diagnoses include internal derangement of the left knee, and possible early sympathetically maintained pain syndrome, left. Treatment to date has included diagnostic studies, medications, physical therapy, lumbar/sacral brace, and Transcutaneous Electrical Nerve Stimulation Unit. A physician progress note dated 02/20/2015 documents the injured worker has left knee pain, which he rates as 8 out of 10 on the pain scale, with compensatory right knee pain, compensatory low back pain which he rates as 5 out of 10 on the pain scale. He also has some abdominal discomfort. Medication facilitates a significant increase in tolerance to a variety of activity. There is tenderness to the left knee. He lacks 20 degrees extension and flexion 50%. He has crepitation with range of motion assessment. Gait is antalgic and he favors the right lower extremity. There is tenderness to the lumbar paraspinal musculature. Left knee condition is worsening with resultant instability and near falls and actual falls. The treatment plan is for left knee arthroscopy, postoperative physical therapy, right knee hinged brace and medications. Treatment requested is for Percocet 7.5mg, 3 times a day, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5mg, 3 times a day, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for bilateral knee pain. Left knee arthroscopic surgery is being planned. Percocet is being prescribed and referenced as providing a significant decrease in pain with improved activity tolerance. The total MED (morphine equivalent dose) is less than 35 mg per day. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet is medically necessary.