

Case Number:	CM15-0069796		
Date Assigned:	04/17/2015	Date of Injury:	12/01/2011
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 40 year old male, who sustained an industrial injury on 12/1/2011. He reported injuries to his left wrist and hand and left knee. Diagnoses have included status post left knee patellar fracture, lumbar radiculopathy, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included left knee arthroscopy, left wrist fusion and medication. According to the progress report dated 3/10/2015, the injured worker complained of left wrist and left knee pain rated 7/10. He also complained of low back pain rated 7.5/10. He noted that low back pain had increased since the last visit. The injured worker ambulated with an antalgic gait to the right with a cane. Exam of the lumbar spine revealed diffuse lumbar paravertebral muscle tenderness. There was moderate facet tenderness noted at L4-S1 levels. Exam of the left lower extremity revealed pain over the left patellar and tibial plateau. Authorization was requested for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 70.

Decision rationale: MTUS 2009 states that short acting opioids are used to treat intermittent or breakthrough pain. MTUS 2009 also states that opioids should be discontinued if there is no significant decrease in pain or functional improvement. The medical records do not reflect any meaningful functional improvement with the use of Percocet. Furthermore, its use is scheduled and there is no documentation describing the breakthrough pain. This request for Percocet does not adhere to MTUS 2009 and is not medically necessary.