

<b>Case Number:</b>	CM14-0003710		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47-year-old male who reported an injury on November 22, 2011 due to cumulative trauma while performing normal job duties. The injured worker was evaluated on December 4, 2013 for bilateral knee pain. The injured worker's medications included gabapentin, Flexeril, Naprosyn and tramadol. Physical findings included mechanical symptoms with hyperextension and pain with range of motion. The injured worker's diagnoses included right knee medial meniscus tear. The injured worker's treatment plan included physical therapy, a knee brace, and an MRI of the left knee. The injured worker was evaluated on December 13, 2013. It was documented that the injured worker's medications included Butrans 10 mcg, ibuprofen, gabapentin, Cymbalta, and Percocet. It was documented that the injured worker had 9/10 pain without medications. It was documented that the injured worker was monitored for aberrant behavior with urine drug screens and [REDACTED] reporting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 PERCOCET 10/325MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guideline recommends continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior; however, the clinical documentation fails to provide a quantitative assessment of pain relief or specific evidence of functional benefit. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. The request is not medically necessary.