

<b>Case Number:</b>	CM14-0153305		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This case involves a 35 year old female with date of injury 4/15/13. The treating physician report dated 7/29/14 states that the patient underwent right knee arthroscopic surgery on 6/16/14. The patient continues with right knee pain and swelling with pain levels rated at 5-7/10. The patient is currently taking Percocet 10/325 6 per day and Soma 350mg bid prn for ongoing spasms. The patient is noted to have 50% improvement with medications and she can walk and perform activities of daily livings with medications. The physical examination findings reveal mild effusion, well healed incision, moderate tenderness and she is using a walker to assist with ambulation. The current diagnoses are knee pain and chronic pain syndrome. The utilization review report dated 8/18/14 denied the request for Percocet 10/325 #90 based on the rationale that the patient should be improving post-operatively and she should be tapering away from the Percocet. The request was modified to #70 to allow for weaning. 1.Knee pain 2.Chronic pain syndrome The utilization review report dated 8/18/14 denied the request for Percocet 10/325 #90 based on the rationale that the patient should be improving post-operatively and she should be tapering away from the Percocet. The request was modified to #70 to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, long-term assessment Page(s): 80-82; 88-96.

**Decision rationale:** The patient presents 6 weeks post arthroscopic surgery of the right knee with pain levels rated 5-7/10. The current request is for Percocet 10/325mg #90. The patient prior to surgery had been prescribed Norco 10/325mg 4 per day and post surgically was prescribed Percocet 10/325 6 per day. In this current prescription, the treating physician reduced the frequency to every 4-6 hours over the next two weeks. In the 4 weeks of prior Percocet usage the treating physician notes that the patient has improved ability to walk and perform activities of daily livings (ADLs) and has 50% reduction of pain with medication usage. The treating physician also notes that the urine drug screen dated 7/10/14, was positive for Hydrocodone and Oxycodone. No adverse effects or adverse behaviors are documented. The MTUS guidelines support the usage of Percocet for the treatment of moderate to moderately severe pain. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the treating physician has documented that the patient is slowly recovering from her surgery and requires the usage of Percocet to help with her recovery. There is documentation that the patient has 50% pain relief, improved ability to walk and there are no adverse effects or behavior from the medication. Therefore, the request is medically necessary.