

<b>Case Number:</b>	CM14-0169342		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	02/13/2003
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 67 year old male with date of injury 2/13/2003. The mechanism of injury is stated as a fall onto the right knee. The patient has complained of lower back pain and right knee pain since the date of injury. He is status post a right knee joint replacement in 03/2009. He has also been treated with chiropractic therapy, physical therapy and medications. There are no radiographic data included for review. Objective: decreased flexion right knee, absent ankle reflexes bilaterally, lumbar spine tenderness to palpation. Diagnoses: sprain lumbar region; osteoarthritis, lower leg. Treatment plan and request is for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for percocet 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, ongoing management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89..

**Decision rationale:** This 67 year old male has complained of lower back pain and right knee pain since date of injury 2/13/2003. He is status post a right knee joint replacement in 03/2009. He has also been treated with chiropractic therapy, physical therapy and medications to include

opioids since at least 02/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.