

<b>Case Number:</b>	CM14-0127527		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 1, 2012. In a Utilization Review Report dated July 24, 2014, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a June 11, 2014 progress note in its denial. The claims administrator did not incorporate any guidelines into his denial. It was suggested (but not clearly stated) that the request represented a request for postoperative usage of Percocet. The applicant's attorney subsequently appealed. On March 4, 2014, the applicant reported ongoing, multifocal complaints of knee and shoulder pain reportedly associated with cumulative trauma from work as a painter. The applicant was using a cane to move about. The applicant was on Norco for pain relief. Work restrictions were endorsed. On January 6, 2014, the applicant was described as having ongoing complaints of knee and shoulder pain, reportedly severe, 6 to 8/10. The applicant was contemplating knee surgery. The applicant was given refills of Norco and Prilosec. Work restriction was endorsed. A valid proscriptive 5-pound lifting limitation was endorsed. The applicant did not appear to be working with said limitation in place. On June 11, 2014, the applicant reported "0% improvement" in terms of shoulder and knee pain, which were collectively scored at 7 to 8/10. The applicant was using Motrin for pain relief. Authorization was sought for knee arthroscopy. Percocet, Keflex, Ambien, and Zofran were endorsed for postoperative use purposes. In a Utilization Review Report dated July 31, 2014, the claims administrator denied the left knee arthroscopy and medial meniscectomy proposed by the attending provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346 does acknowledge that opioids such as Percocet are "optional" for applicants with severe pain, as might be expected in the event that applicants were in fact to undergo a knee surgery, as was proposed here, in this case, however, the knee surgery in question was denied on a Utilization Review Report of July 31, 2014. The claims administrator stated that there is no evidence that the applicant underwent, was planning to undergo, and/or was scheduled to undergo the knee surgery at issue. Since there is no evidence that the knee surgery in question took place, by implication, the derivative request for postoperative usage of Percocet was not indicated. Therefore, the request was not medically necessary. While this is, strictly speaking, a postoperative case as opposed to a chronic pain case, MTUS 9792.23.b2 stipulates that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since ACOEM Chapter 13, Table 13-6, page 346 does address the issue at hand, it was therefore invoked.