

<b>Case Number:</b>	CM14-0187945		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family 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:

This is a 47 year old female patient who sustained a work related injury on April 1, 2009. Patient sustained the injury when she was trying to keep a cart from tipping. It struck and twisted her right knee. The current diagnoses include cervical spine strain/sprain, thoracic spine sprain/strain, lumbar spine sprain/strain, status post rotator cuff repair surgery right shoulder, right arm mass, right elbow medial humeral epicondylitis, right wrist tendinitis, status post arthroscopy and tear of the medial meniscus. Per the doctor's note dated 8/14/14, patient has complaints of pain in her neck, low back, right shoulder, right arm, right elbow, right hand/wrist, left leg and bilateral knees at 7-8/10. Physical examination revealed limited range of motion. The current medication lists include Percocet and Tramadol. The patient has had MRI of the right knee that revealed meniscus tear, and joint effusion on April 2009; X-rays of the lower back; in 2012, an MRI of the right shoulder that revealed a ruptured tendon in her right shoulder. Diagnostic imaging reports were not specified in the records provided. The injured worker underwent a right total knee replacement, right knee manipulation and right shoulder arthroscopic surgery. The patient's surgical history includes hysterectomy. The patient has received 12 physical therapy visits, acupuncture, and chiropractic sessions for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Online version

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Percocet 5/325 mg #60 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 5/325 mg #60 is not established for this patient.