

<b>Case Number:</b>	CM14-0190370		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	01/10/1994
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Anesthesiology and is licensed to practice in Georgia. 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 52-year-old male who reported an injury on 01/10/1994. The mechanism of injury was not included in the documentation submitted for review. Diagnoses were noted to include right knee pain, degenerative joint disease of the right knee, status post right total knee arthroplasty on 02/28/2013, left knee pain, degenerative changes in the left knee, and mild chronic right L4 radiculitis. Past treatments were noted to include medications and physical therapy. Diagnostic studies included an MRI of the left knee which was performed on 09/30/2013 and an MRI of the lumbar spine. Surgical history included a right total knee arthroplasty on 02/28/2013. On 11/07/2014, the injured worker complained of low back pain, bilateral knee pain, and numbness in the right thigh. He rated his pain at 7/10 without pain medication and 2/10 with pain medication. The documentation noted the injured worker had been taking Percocet intermittently when the pain was severe. It was noted that the injured worker had been taking Percocet since at least 02/2014. The injured worker stated he was able to function well with the help of his medications; he was able to perform his activities of daily living, and do household chores. The documentation noted the injured worker had no reaction to the pain medication and also had an existing opioid agreement with the provider. A urine drug screen was performed in 07/2014, which was negative for opioids and illicit substances. The provider noted the injured worker tested negative for Oxycodone because he was only taking the medication 2 to 3 times a week. A pill count was done in 02/2014 and it was noted that there were leftover pills. Medications were noted to include Celebrex and Percocet. The treatment plan was noted to include an MRI of the lumbar spine and continuation of medications as prescribed. The rationale for the request submitted was not included in the documentation. The Request for Authorization dated 10/31/2014 was included in the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Ongoing Management Page(s): 75, 86, 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend Oxycodone/Acetaminophen (Percocet) for moderate to severe chronic pain. The guidelines note there should be documentation of ongoing monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The guidelines also state the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. In the documentation submitted for review it was noted the injured worker had improvement in her ability to function, ability to perform activities of daily living, and household chores with the medication. The injured worker's pain was a 7/10 without the medication and a 2/10 with pain medication. A urine drug screen in 07/2014 was negative for any opioids and illicit substances; however, per the medical records, the medication was prescribed on an as needed basis. The injured worker was only noted to use the medication 2 to 3 times a week. The request is for a quantity of 60 and does not provide clarification regarding the frequency of the medication. While the medication is improving the injured worker's pain and function, the request as submitted failed to provide the frequency; therefore, the request would not be indicated at this time. As such, the request for Percocet 10/325mg #60 is not medically necessary.