

<b>Case Number:</b>	CM14-0197350		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 36 year old female with a date of injury of April 15, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for knee pain and chronic pain syndrome. Medical records dated August 26, 2014 indicate that the injured worker complained of right knee pain rated at a level of 5 out of 7 that flares up with physical therapy. Records also indicate that the medications help improve the injured worker's activity level, being able to walk longer and perform daily activities with less pain. A progress note dated October 6, 2014 documented complaints of knee pain rated at a level of 7 to 8 out of 10. Per the treating physician (August 5, 2014), the employee was temporarily totally disabled. The physical exam dated August 26, 2014 reveals a healed incision of the right knee, tenderness of the medial joint line, and tenderness of the lateral joint line. The progress note dated October 6, 2014 documented a physical examination that showed no changes since the examination performed on August 26, 2015. Treatment has included medications (Percocet since June of 2014; Norco, Trazodone, Naproxen), right knee arthroscopy (June 2014), and physical therapy. The treating physician documented that the urine drug screen dated September 9, 2014 showed results consistent with the injured worker's prescribed medications. The utilization review (October 24, 2014) partially certified a request for Percocet 10-325mg #15 (original request for #120) and one follow up visit (original request for three visits), and non-certified a request for bloodwork to include a complete metabolic panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for osteoarthritis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Percocet 10/325mg #120 is not medically necessary.

**Follow-up visit x 3: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for Follow-up visit x 3, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation

for efficacy and continued need. While return office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for monthly office visits x3 cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested Follow-up visit x 3 is not medically necessary.

**CMP Lab:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Metabolic Panel (<http://labtestsonline.org/understanding/analytes/cmp/tab/test>).

**Decision rationale:** Regarding the request for CMP, California MTUS and ODG do not address the issue. A CMP is ordered as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. Within the documentation available for review, the provider notes that this is to evaluate renal and hepatic function due to ongoing medication use. However, the patient is young with no history of medical conditions listed above and there are no signs or symptoms of kidney or liver issues to warrant such a test or side effects to the current medications. Therefore, there is no clear indication for testing. In light of the above issues, the currently requested CMP is not medically necessary.