

<b>Case Number:</b>	CM14-0202178		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/07/2001
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 56 year old male with an injury date of 09/07/01. Per the 10/22/14 report, the patient presents with improved knee pain status post right total knee arthroplasty revision, tibial component on 06/03/14. The patient is not working. Examination on 09/10/14 shows a healed incision, shin edema is trace and no significant deficiencies. The patient's diagnosis from the 10/22/14 report is status post TKA revision right knee. The provider states the patient is taking Methadone and Percocet as "pre-op" and occasional NSAIDs for inflammation. The utilization review is dated 11/26/14. Reports were provided for review from 08/16/13 to 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Percocet 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen); Opioids, criteria for use;.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89 and 76-78.

**Decision rationale:** The patient presents with greatly improved knee pain status post right TKA revision 06/03/14. The current request is for 1 prescription of Percocet 10/325mg #150 (Oxycodone, an opioid) per 11/18/14 RFA. The 11/26/14 utilization review modified this request from #150 to #90. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show that the patient has been prescribed Methadone (an opioid) since at least 12/13/13. It appears the patient has been prescribed Percocet since 05/28/14 when Norco was discontinued. Reports from 07/16/14 to 10/22/14 routinely describe the use of Methadone and Percocet as "pre-op"; however there is no documentation of scheduled surgery. In this case, pain is routinely assessed in the reports through the use of pain scales. Pain decreased from 9/10 on 05/08/14 to 3-5/10 on 09/25/14 to 5/10 on 11/18/14. An ADL questionnaire completed on 06/17/14 shows the patient has little to no difficulty with numerous listed ADL's; however, this information does not appear to show a significant change with the use of this medication. Opiate management issues are not addressed. No Urine toxicology reports are provided or discussed. The provider does not discuss adverse side effects or adverse behavior. There is no mention of a pain contract or CURES. Outcome measure is not provided. In this case, the 4A's have not been sufficiently documented to support long-term opioid use as required by MTUS. The request is not medically necessary.