

<b>Case Number:</b>	CM14-0203291		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Physical Medicine Rehab, 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 patient is a 54 year old male with date of injury 2/24/11 sustained when the patient struck his right leg in a trash bin towing hitch causing him to fall. The treating physician report dated 11/3/14 (173) indicates that the patient presents with pain affecting the bilateral knees. The patient complains of right knee pain rated 8/10 accompanied with a burning and numbing sensation. The left knee pain is rated 6/10 with aching and pins and needles sensation. The physical examination findings reveal a limited range of motion of the right knee and 2+/- lower extremity deep tendon reflexes. Prior treatment history includes physical therapy, lumbar epidural injection, topical creams, and prescribed medications of Flexeril, Norco, Tramadol ER, Omeprazole, Protonix, Lovenox, Senna, Colace, Senokot, Morphine PCA, Maalox, Ativan, Nicoderm patch, Cepacol, Zofran and Benadryl. The current diagnoses are: 1. Status post right knee arthroplasty 2. Left knee OA/DJD 3. Left knee medial meniscus complex tear 4. Low back syndrome 5. Sciatic neuritis. The utilization review report dated 11/4/14 denied the request for Percocet 10/325 MG #90, 1 Tab By Mouth Every 6 Hours As Needed For Pain Med 60 based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 MG #90, 1 Tab By Mouth Every 6 Hours As Needed For Pain Med 60:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the bilateral knee. The current request is for Percocet 10/325 MG #90, 1 Tab By Mouth Every 6 Hours As Needed For Pain Med 60. The treating physician report dated 11/3/14 states that the patient reports difficulties with activities of daily living including sitting, walking, lying down and standing. There is no evidence in the documents provided that show the patient has been prescribed Percocet previously. The MTUS guidelines state, "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain." MTUS guidelines regarding intermittent pain states "Start with a short-acting opioid trying one medication at a time." The patient is currently taking another short-acting opioid (Norco). Reports provided show the patient has been taking Norco since at least 5/20/14. Regarding on-going opioid therapy, MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). There are no records provided that document the patient's pain levels with and without medication usage and none of the required 4 A's are addressed. The MTUS guidelines require much more documentation to recommend continued opioid usage. Furthermore a toxicology report dated 8/22/14 reports 4 medications that were inconsistent with prescription therapy. In this case, the patient has been previously prescribed a short-acting opioid in the form of Norco and there is no documented functional improvement or any documented partial analgesia that was obtained. MTUS guidelines state, "If partial analgesia is not obtained, opioids should be discontinued." The MTUS guidelines recommend trying only one opioid at a time and there is no documentation in any of the reports provided that state the patient was in need of a "rescue" opioid. There is insufficient documentation to support the request for an additional short acting opioid. The current request does not satisfy MTUS guidelines as outlined on pages 76-78. Therefore, this request is not medically necessary.