

<b>Case Number:</b>	CM15-0000756		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 49 year old male, who sustained an industrial injury on July 1, 2001. He has reported left knee pain. The diagnoses include left knee and lumbar strain/sprain, internal derangement of left knee, major depressive disorder, chronic pain Treatment to date has included ice, heat, knee brace, injections to the knee, Physical therapy, knee brace and oral medications including NSAID, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the injured worker complains of left knee and back pain with popping in the knee. The records indicate the injured worker was placed on Tramadol on 6/2014 and he continued to be on this medication, Gabapentin, Flexeril, and Naproxen until he transferred to a different provider on 11/2014. This provider the Naproxen with a different NSAID, then prescribed Percocet. The utilization reviewer considered the percocet prescription as an initial prescription of opioids that did not follow the guidelines, and therefore denied it.

### 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 Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid  
Page(s): 76-81.

**Decision rationale:** The injured worker sustained a work related injury on July 1, 2001. The medical records provided indicate the diagnosis of left knee and lumbar strain/sprain, internal derangement of left knee, major depressive disorder, chronic pain Treatment to date has included ice, heat, knee brace, injections to the knee, Physical therapy, knee brace and oral medications including NSAID, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #120. The MTUS recommends that opioid medications should be from only one source; to discontinue opioids if there is no improvement in pain and function; opioids should be prescribed for short term treatment of moderate to severe pain. The research on the use of opioids for chronic pain has been limited to 70 days. The records indicate the injured worker was receiving opioids from a different source, the injured worker has been on opioids longer than the recommended duration, and the worker has worsening pain despite being on opioids.