

<b>Case Number:</b>	CM15-0163007		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	12/14/2001
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 70 year old male, who sustained an industrial injury on December 14, 2001. He reported tripping and falling on both knees. The injured worker was diagnosed as having degenerative joint disease with chronic pain syndrome. Treatments and evaluations to date have included left knee surgery, physical therapy, right knee surgery, x-rays, gastric bypass, and medication. Currently, the injured worker reports bilateral knee pain. The Treating Physician's report dated August 6, 2015, noted the injured worker reported being unable to tolerate pain without medications. The injured worker's current medications were noted to include Percocet and Ambien. The injured worker rated his pain as 5 out of 10, 10 out of 10 without medications. The last urine drug screen (UDS) was noted to be consistent with the last CURES inconsistent with two prescriptions by another provider. Physical examination was noted to show the injured worker with an antalgic gait positive crepitus with range of motion (ROM), weak strength in the quads and locking with range of motion (ROM). The treatment plan was noted to include a change from Norco to Hysingla ER as an abuse deterrent and an increase in the Percocet. The injured worker was noted to have a prescription for THC from his primary physician, inconsistent with current regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Percocet long term without evidence of significant benefit in pain or function to support long term use. The Percocet should be weaned at this time. The request for Percocet 325/10 mg #180 is not medically appropriate and necessary.

**Hysingla ER 80mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Hysingla.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco and Percocet without evidence of significant benefit in pain or function to support long term use. There is no rationale provided for starting a new opioid to the medication regimen. The request for Hysingla ER 80 mg is not medically appropriate and necessary.