

<b>Case Number:</b>	CM15-0168366		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/15/2004
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 4-15-2004. Diagnoses include degenerative joint disease and partial anterior cruciate ligament tear with Baker's cyst associated with mild varus instability and mild anterior cruciate instability right knee, low back sprain and strain, depressive disorder, quadriceps insufficiency secondary to complete disruption of the quadriceps tendon right knee, lumbar radiculopathy, right wrist sprain and status post non-displaced fracture proximal phalanx right little toe (2012). Treatment to date has included multiple surgical interventions (including right knee medial meniscectomy in 2006, right knee total replacement, 2007, right total knee revision, 2009, and left foot surgery in 2014) as well as conservative measures including medications, physical therapy, bracing, and use of a cane and walker for ambulation. Per the Primary Treating Physician's Progress Report dated 6-30-2015, the injured worker reported severe pain in both knees, her entire right leg and foot, left foot, both hips, upper and lower back, right shoulder, and right wrist and hand. She reports a fall on 6-23-2015 when she states that her right knee buckled and she fell to the floor injuring her right hip, right leg, right foot, lower back and right wrist and hand. Objective findings included an antalgic gait. The right knee actively extended to 40 degrees and passively extended to 0 degrees. There was tenderness along the medial border of the patella and over the medial and lateral joint lines of the right knee. There was a small joint effusion of the right knee. The plan of care included discontinuation of Norco due to itching and a prescription for Percocet. Per the medical records there is no documented improvement in pain levels or increase in functional improvement with the use of narcotic pain medications. There is documentation as far back as 2010 of the use of narcotic pain medications for this injured

worker. On 7-27-2015, Utilization Review denied the request for Percocet 10-325mg #120. The patient sustained the injury due to a fall. The medication list includes Percocet, Omeprazole, Oxycontin, Tramadol, Tylenol, and Simvastatin. The patient has had EMG of lower extremity on 12/13/11 that revealed lumbar radiculopathy. A recent urine drug screen report was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Percocet 10/325 mg #120: 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:** Percocet 10/325 mg #120; Percocet is an opioid analgesic. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications for chronic pain ( antidepressants/anticonvulsants), without the use of Percocet, was not specified in the records provided Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325 mg #120 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms, therefore is not medically necessary.