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| <b>Case Number:</b>   | CM15-0180923 |                              |            |
| <b>Date Assigned:</b> | 09/22/2015   | <b>Date of Injury:</b>       | 01/16/2015 |
| <b>Decision Date:</b> | 10/28/2015   | <b>UR Denial Date:</b>       | 09/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2015 |

### 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 Jersey

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:

This is a 34-year-old male with a date of injury of January 16, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for elbow joint pain, lower leg pain, and lumbago. Medical records dated July 10, 2015 indicate that the injured worker complains of bilateral knee pain, lower back pain, and left elbow pain. Records also indicate pain was rated at a level of 7 out of 10 and that it affected walking, standing, sitting and sleeping. A progress note dated August 27, 2015 notes subjective complaints of bilateral knee pain, lower back pain, and left elbow pain, pain levels reduces to 3 to 4 out of 10 with Tramadol and or Norco, lasting approximately three to four hours, sedation and loopiness with Tramadol, and hyperalgesia, jitters, and insomnia with Norco. Per the treating physician (August 27, 2015), the employee has not returned to work. The physical exam dated July 10, 2015 reveals slow gait with dragging of both legs, not able to heel toe walk, guarding stiffness in both legs, tenderness and swelling of the left elbow, tenderness of the bilateral knees, and weight bearing pain in the knees. The progress note dated August 27, 2015 documented a physical examination that showed no changes since the examination documented on July 10, 2015. Treatment has included bilateral knee bracing, physical therapy (unknown number of sessions), and medications (Norco 10-325mg three times a day as needed, since at least July of 2015; Tramadol ER 100mg once each day since at least August of 2015; history of taking Baclofen and Ibuprofen), and imaging studies from the date of injury that showed no fractures. A urine drug testing result dated August 6, 2015 showed negative results for tested substances, and noted that Tramadol metabolite was detected but "Could not be matched to any of the reported prescriptions". The original utilization review (September 8, 2015) non-certified a request for Percocet 10-325mg #90 and partially certified a request for four sessions of physical therapy for the left knee (original request for eight sessions).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** 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, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was record of the worker using both Norco and tramadol prior to this request for Percocet, for which there was no indication. It is not clear why the provider recommended Percocet and two other opioids at the same time, especially as Norco was recommended for weaning. Therefore, without a more clear indication and justification for use, the Percocet will be considered not medically necessary at this time.

**8 physical therapy sessions for left knee:** 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): Physical Medicine.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short-term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, records stated that PT via private insurance (unknown body parts) was partially completed, however there was no mention of how many sessions were completed and how effective they were at improving functional outcome to be able to consider additional sessions for approval. Therefore, without this information, the additional physical therapy will be considered not medically necessary at this time.