

<b>Case Number:</b>	CM15-0184457		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old male who sustained an industrial injury on 3-23-11 when his left knee gave out injuring the left knee. The medical records indicate that the injured worker has been treated for left knee meniscus tear; medial synovitis and stiffness; left medial degenerative joint disease. He currently (8-14-15) complains of constant knee pain and swelling and he "discontinued his pain medication as he does not like taking them". He has full weight bearing with a cane. On physical exam of the left knee there was tenderness and swelling at the surgical site. In the 3-16-15 orthopedic progress note his pain level was 4-5 out of 10 and he was unable to walk for long distances. There were no other pain levels present. Diagnostics include MRI of the left knee (4-10-15). Treatments to date include left knee arthroscopy with meniscectomy (7-24-12); status post unicompartmental knee replacement (5-17-13); synovectomy, adhesiolysis, manipulation and meniscectomy, lateral; anterior meniscus (8-4-15); joint aspiration left knee 40 cc mostly blood aspirated (8-14-15); home exercise program; industrial medications to date include Aspirin, Voltaren, Norflex, Percocet was prescribed per the 7-31-15 note prior to the 8-4-15 arthroscopic surgery. The request for authorization dated 8-7-15 was for Percocet 10-325mg #60. On 8-20-15, Utilization Review, non-certified the request for Percocet 10-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #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), Pain.

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

**Decision rationale:** The claimant sustained a work injury in August 2011 and underwent an arthroscopic left knee lateral meniscectomy with manipulation under anesthesia and adhesiolysis on 08/04/15. He has a history of a left knee medial unicompartment knee replacement. When seen prior to surgery, medications were aspirin, pravastatin, metoprolol, and metformin. There was medial joint line tenderness and minimal diffuse swelling. His body mass index was 28. Surgery was planned and Percocet was prescribed. Criteria for the use of opioids include an assessment of pain and response to nonopioid analgesic medications. When requested, the claimant was not taking any opioid medication. VAS pain scores were not recorded. Without assessing pain following the procedure, predicting a need for opioid medication would not be possible. Prescribing an opioid medication prior to undergoing the planned surgery was not appropriate or medically necessary.