

<b>Case Number:</b>	CM15-0187991		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 45 year old male, who sustained an industrial injury on 10-17-2011. Medical records indicate the worker is undergoing treatment for right knee arthroscopy, lumbar disc herniation and right hip pain. A recent progress report dated 9-3-2015, reported the injured worker complained of right knee, back and hip pain rated 8 out of 10 without medications and 4 out of 10 with medications. Physical examination revealed limited back range of motion with 20 degrees flexion, right knee peri-patellar swelling and right greater trochanter swelling with painful passive range of motion. Right knee magnetic resonance imaging showed anterior cruciate ligament graft, patellar tendinopathy, no ligament tears and small effusion. Treatment to date has included right knee surgery, knee brace, acupuncture, physical therapy and Percocet (since at least 5-15-2015). On 9-8-2015 the Request for Authorization requested Percocet 10-325mg #45. On 9-17-2015, the Utilization Review modified the request for Percocet 10-325mg #45 to #23.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 #45:** Overturned

**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 for osteoarthritis, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in October 2011 and is being treated for right knee pain with injury occurring when he slipped off a trailer that he was loading. He had an arthroscopic meniscectomy and anterior cruciate ligament repair in January 2012 and required a second revision operation. When seen, medications are referenced as decreasing pain from 10/10 to 4/10 and providing a 50% functional improvement. Physical examination findings included limited lumbar range of motion and has was unable to stand upright. There was decreased right knee range of motion with significant swelling and positive McMurray and patellar compression testing. There was laxity of the knee ligaments. He had decreased right strength and there was allodynia over the knee area. There was right greater trochanteric bursa tenderness and pain with passive range of motion. Percocet was refilled at a tot average daily MED (morphine equivalent dose) of less than 25 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved function. The claimant likely has incident pain due to standing and walking consistent with his history of injury and surgeries. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.