

<b>Case Number:</b>	CM15-0189502		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 67 year old female, who sustained an industrial injury on April 12, 2013. The injured worker was diagnosed as having left knee medial and lateral meniscus tears, severe osteoarthritis to the right knee, and impingement with labrum tear and partial rotator cuff tear to the right shoulder. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left knee, magnetic resonance imaging of the right shoulder, and status post right knee arthroscopic surgery with date unknown. In a progress note dated September 09, 2015 the treating physician reports complaints of pain to the right shoulder and the bilateral knees, along with an increase in pain to the low back. Examination performed on September 09, 2015 was revealing for positive Neer's testing, positive Hawkin's testing, decreased range of motion to the right shoulder with pain, moderate effusion to the right knee, tenderness to the bilateral medial and lateral patellaofemoral joint, pain and crepitus to the right knee with range of motion, positive McMurray's testing to the left, and decreased range of motion to the bilateral knees. On September 09, 2015 the treating physician noted magnetic resonance imaging of the left knee performed on August 27, 2015 that was revealing for medial and lateral meniscal tears. The medical records provided included a magnetic resonance imaging report from April 28, 2015 that was revealing for "extensive maceration of the near entirety of the lateral meniscus with only a small amount of residual meniscal tissue remaining in the posterior horn", "severe osteoarthritis of the lateral compartment with chondral denudation, subchondral sclerosis, marrow edema and cystic changes", and "moderate effusion". The progress notes from September 09, 2015 and August 07, 2015 did not include the injured worker's current medication regimen or the injured worker's numeric pain level as rated on a visual analog scale. The progress

note from August 07, 2015 did include the prescription for Norco 10-325mg with a quantity of 60 for pain. On September 09, 2015 the treating physician requested a referral to a specialist for evaluation and treatment of the lumbar spine noting that the injured worker has lumbar spine symptoms as noted above due to "compensable consequence to the bilateral knee injury" and requested the evaluation for a right total knee replacement for "severe" arthritis. The treating physician also requested the medication Percocet 10-325mg with a quantity of 60 for "severe" pain. On September 24, 2015 the Utilization Review denied the request for a referral to a specialist for evaluation and treatment of the lumbar spine. On September 24, 2015 the Utilization Review modified the request for Percocet 10-325mg with a quantity of 60.

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

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

**Percocet 10/325 mg Qty 60:** 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 for chronic pain, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Percocet. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's" for Ongoing Monitoring". These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's" for Ongoing Monitoring". The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Percocet is not considered as medically necessary. In the Utilization Review process, the request was modified to allow for #45 tablets of Percocet to facilitate weaning. This action is consistent with the above cited MTUS recommendations.

**Referral to specialist, evaluation & treatment, lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Clinical Topics: Independent Medical Examinations and Consultations, page 127, 156; Official Disability Guidelines: Pain - Office visits.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with occupational low back pain. Within these guidelines are recommendations for the initial assessment of patients with low back pain. The initial assessment should include a detailed history of the patient's symptoms, a physical examination of the back and an assessment for any red flags which may indicate a serious underlying cause requiring immediate assessment. In this case there is no detailed documented history of this patient's low back pain; other than its association with ongoing knee problems. There is no evidence for any of the above cited red flags. Further, there is no specific examination of the low back. There is documentation of normal lower extremity strength and deep tendon reflexes. Finally, there is no evidence that the patient has undergone a course of conservative management of the low back pain. In summary, without documentation of a detailed history, without evidence of red flags, without a documented physical examination of the back and without evidence of an effort for conservative management of the patient's low back pain symptoms, there is insufficient justification for referral for specialty evaluation. At this time, referral to a specialist for the evaluation and treatment of low back pain is not considered as medically necessary.