

<b>Case Number:</b>	CM15-0194864		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: North Carolina

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 64-year-old male with an industrial injury dated 02-09-2005. A review of the medical records indicates that the injured worker is undergoing treatment for knee pain, pain in joint involving ankle and foot, flat foot, plantar fascial fibromatosis, and morbid obesity. In a progress report dated 09-03-2015, the injured worker reported increased swelling and crepitation in his right knee and popping in the right shoulder. Physical exam (09-03-2015) revealed some crepitus in the patellofemoral joint and effusion. According to the progress note dated 09-15-2015, the injured worker reported bilateral knee and ankle pain. The injured worker also reported occasional numbness and tingling in his feet. Pain level was 4 out of 10 on a visual analog scale (VAS). Medications include Aspirin, Ibuprofen, Lorazepam, Metoprolol succinate, Miralax and Percocet. Objective findings (09-15-2015) revealed tenderness to palpitation over plantar fascia at the heel of the bilateral feet, restricted range of motion of the bilateral ankles, rigid AFO on left ankle and antalgic gait. Treatment has included diagnostic studies, prescribed medications, brace, water aerobics, Epson salt soaks, ice pack and periodic follow up visits. The treatment plan included medication management, Epson salt soaks, water aerobics, conservative treatment for plantar fasciitis, and follow up visit. The treating physician prescribed Percocet 10- 325 mg Qty 150. Medical records indicate that the injured worker has been on Percocet since at least March of 2015. The utilization review dated 09-24-2015, modified the request for Percocet 10-325 mg Qty: 90 (original: Qty 150).

### 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 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.