

<b>Case Number:</b>	CM15-0028511		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/20/2006
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Internal Medicine

### 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 61 year old female who sustained an industrial related injury on 10/20/06. The injured worker had complaints of left knee pain. Physical examination findings included antalgic gait favoring left. Diagnoses included osteoarthritis of knee, anxiety, old medial collateral ligament disruption, psychophysiologic disorder, and depressive disorder. Treatment included left knee replacement. Medications included Gabapentin and Percocet. The treating physician requested authorization for Percocet 10/325mg #90. On 1/26/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Therefore, the request was non-certified.

### 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 Treatment Guidelines Opioid specific Drug List; Opioids, Criteria for Use; Weaning of Medication Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. The medical records document that knee replacement surgery was performed in 2009. The progress reports dated 11/10/14, 12/22/14, 1/19/15, and 2/16/15 did not document a physical examination of the knee. Since there was no physical examination of the knee documented, the request for Percocet 10/325 mg is not supported by the medical records. Therefore, the request for Percocet 10/325 mg is not medically necessary.