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| <b>Case Number:</b>   | CM15-0211300 |                              |            |
| <b>Date Assigned:</b> | 10/30/2015   | <b>Date of Injury:</b>       | 10/28/2002 |
| <b>Decision Date:</b> | 12/11/2015   | <b>UR Denial Date:</b>       | 09/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2015 |

### 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 56 year old male injured worker suffered an industrial injury on 10-28-2002. The diagnoses included cervical sprain-strain, probable right upper extremity radiculitis, right shoulder bicipital tendinitis, lumbosacral strain with right extremity radiculitis, degenerative disc disease, right sacroiliac joint sprain-strain, right knee chondromalacia, right carpal tunnel syndrome. On 9-22-2015 the provider reported right knee pain rated 8 out of 10. The back pain was rated 7 out of 10 with stiffness. There was right shoulder pain rated 7 out of 10. There was cervical pain with radicular pain in the right and left arms rated as 7 out of 10. The provider noted substantial benefit from the medication as he had nociceptive, neuropathic and inflammatory pain. He reported there was no evidence of drug abuse or diversion, no aberrant behavior and no ADR's reported. Medications in use were Butrans patch, Cymbalta, Ibuprofen, Lidoderm patch, Lyrica and Percocet. The urine drug screen 3-19-2015 was consistent. The provider noted 90% improvement in pain with the medications. On exam, the right knee had pain with popping with positive McMurray's test with obvious findings for subpatellar chondromalacia noting the exam was markedly worse. The documentation did not include evidence of functional benefit with the medication regime. The right shoulder was tender. Utilization Review on 9-29-2015 determined modification for Percocet 5-325mg #120 to #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Percocet 5/325mg one qid #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation W.H.O. Analgesic Ladder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury in October 2002 and is being treated for injuries to the neck, low back, and right shoulder. He has had two right knee surgeries and underwent right shoulder surgery in August 2009. When seen in September 2015 he was having neck, low back, and right knee pain. Medications are referenced as providing about a 90% improvement in pain with increased pain when weaning was attempted and prior assessments reference increased pain when medications were unavailable. He had been out of medications for about two days and noted a marked worsening of symptoms. Physical examination findings included a body mass index of 34. There were abnormal right upper extremity sensations. There was acromioclavicular joint tenderness with positive improvement and cross arm testing. There was positive right knee McMurray testing with pain and popping and positive findings consistent with chondromalacia of the patella. Butrans and Percocet were prescribed at a total MED (morphine equivalent dose) of 70 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 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 with increased pain reported without this medication. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.