

<b>Case Number:</b>	CM15-0221336		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 10-17-11. Medical records indicate that the injured worker has been treated with right knee arthroscopy for anterior cruciate ligament repair; lumbar disc herniation; right hip pain; involuntary leg cramps; neuropathic pain right lower extremity. He currently (10-1-15) complains of severe pain with the right knee and ongoing back pain that radiates to the right hip area. He wears a right knee brace that prevents his knee from giving out. His pain level as 8 out of 10; at best it was 4 out of 10 with pain medication and 10 out of 10 without medication. He has a 50% reduction in pain and functional improvement with activities of daily living with medication. Physical exam of the back revealed decreased range of motion, absent Achilles reflex, sensory loss to light touch, pinprick at right lateral calf and bottom of foot; right knee revealed significant swelling around the peripatellar region, crepitus with passive range of motion, McMurray sign revealed audible click medially, allodynia to light touch. Physical exam and pain levels were unchanged from 5-12-15 through 10-1-15. Treatments to date include acupuncture; physical therapy; knee brace; lumbar epidural steroid injection (2-3-15) medication: Mobic, Tylenol, Tylenol #3, Lyrica, Advil, Norco, Zanaflex, Celexa, Neurontin, Percocet (since at least 5-12-15); transcutaneous electrical nerve stimulator unit. The request for authorization dated 10-5-15 was for Percocet 10-325mg #60. On 10-16-15 Utilization Review non-certified the request for Percocet 10-325mg #60, modified to #12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #60:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of percocet or sufficient documentation addressing the "4 A's" domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 10/1/15, the injured worker rated pain 8/10 at the time of examination, 4/10 with medications, and 10/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that urine drug screens have been appropriate, however, there were no UDS reports available for review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.