

<b>Case Number:</b>	CM15-0033973		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 37-year-old male, who sustained an industrial injury on August 1, 2010. The diagnoses have included lipoma/mass left anterior thigh, loose body left ankle, trimalleolar fracture dislocation of the right ankle, bimalleolar fracture dislocation of the left ankle, syndesmosis disruption left ankle, thrombophlebitis left lower extremity, osteoarthritis of bilateral knees, pain bilateral knees, posttraumatic arthritis of the left ankle, posttraumatic osteoarthritis of the right ankle, and Morton's neuroma of the second-third interspace right foot. Treatment to date has included bilateral ankle open reduction internal fixation (ORIF) surgeries, splinting, and medication. Currently, the injured worker complains of pain and mass in left thigh. The Primary Treating Physician's report dated October 30, 2014, noted there was a palpable mass on the anterior proximal aspect of the left thigh, not adherent to the skin, mildly tender. The left and right knees were noted to have medial and lateral joint line tenderness, exacerbated by McMurray's testing. The right and left ankles were noted with some swelling, with tenderness to palpation of the ankles, and the left leg was noted with some swelling. A MRI of the left thigh dated September 15, 2014, was noted to show large fat signal intensity mass in the anterior compartment of the left thigh measuring 25.7 x 8.1 x 7.4 cm, with the findings suggestive of a lipoma without aggressive features. On January 26, 2015, Utilization Review non-certified Percocet 10/325mg one (1) to two (2) by mouth (PO) every 6 hours as needed (PRN) for pain, noting the treatment notes did not indicate an attempted trial of weaning of opioids, and there were no specifics of objective measures or functional gains attributed to the medication. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Percocet 10/325mg one (1) to two (2) by mouth (PO) every 6 hours as needed (PRN) for pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg 1-2 PO q 6H PRN pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 08/01/2010 and presents with left thigh pain, left knee pain, and right knee pain. The request is for Percocet 10/325 mg 1 to 2 p.o. q.6h p.r.n. pain. There is no RFA provided and the patient is to perform modified duty, with work restrictions including limited standing, walking, squatting, and kneeling. The patient has been taking Percocet as early as 08/07/2014. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 10/30/2014 report states that the patient is "relieved with rest and medication." The patient is not currently working. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no medication compliance issues discussed such as CURES report, pain contract, urine drug screens, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet is not medically necessary.