

<b>Case Number:</b>	CM15-0037900		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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:

This 40 year old male sustained an industrial injury on 3/22/13. He subsequently reports ongoing low back and bilateral knee pain. Diagnoses include L5-S1 annular tear, left knee meniscal tear and right knee meniscal tear. Treatments to date have included an ablation procedure and prescription pain medications. On 2/2/15, Utilization Review non-certified a request for Percocet 10/325mg #90.

### 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 opioids.

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

**Decision rationale:** Based on the 02/03/15 progress report provided by treating physician, the patient presents with low back pain rated 6/10 with and 8/10 without medication, and bilateral knee pain rated 3/10 with and 6/10 without medication. The request is for PERCOCET

10/325MG #90. RFA not provided. Patient's diagnosis on 02/03/15 included L5-S1 annular tear, left knee posterior horn medial meniscus coronary ligament tear, and right knee meniscal tear. Patient had lumbar radiofrequency ablation to bilateral L4, L5, S1 on 10/06/14, per operative report. Percocet, Soma and Protonix were included in patient's medications, per treater report dated 11/11/14. The patient is temporarily totally disabled, per treater report dated 11/11/14. MTUS Guidelines pages 88 and 89 states, "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 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. Percocet was prescribed in an attempt to provide pain relief and maintain functional status. Percocet was included in patient's medications, per treater reports dated 09/29/14, 11/11/14, and 02/03/15. Per progress report dated 02/03/15, treater states "...the patient meets the 4A's of pain management including good Analgesic effects with his current medication regimen, increased Activities of daily living with the use of medications, no significant Adverse side effects, and no concern for Aberrant behavior. The patient is consistent with follow up care and does have a current pain contract on file with our office." Urine toxicology screening was completed in November 2014 and the results were consistent with the medications prescribed at that time, per treater report dated 02/03/15. In this case, treater has addressed analgesia with numerical scales, and provided adequate discussions on aberrant behavior and adverse effects. However, treater provides general statements and does not discuss in detail what functional benefits the patient has had; and there are no discussions of how Percocet significantly improves patient's activities of daily living with specific examples of ADL's. There is no return to work or change in work status discussed, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.