

<b>Case Number:</b>	CM15-0041114		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on July 23, 2012. He reported a refrigerator landing on his back while being delivered from a dolly, with pain in his right knee and low back. The injured worker was diagnosed as having chronic low back pain, history of right knee surgery in 2013, and chronic left knee pain. Treatment to date has included right knee surgery in 2013, physical therapy, epidural steroid injection (ESI), and medication. Currently, the injured worker complains of ongoing low back and bilateral knee pain. The Primary Treating Physician's report dated December 31, 2014, noted ongoing crepitus and tenderness to the left knee. A lumbar spine MRI dated August 24, 2012, was noted to show a compression fracture at L2, disk desiccation with disk height loss at L4-L5-S1 with prominent annular tear at L4-L5-S1 and posterior disk protrusion at L4-L5-S1. A MRI of the left knee dated September 17, 2014, was noted to show suspicion of a small tear along the free edge of the anterior horn of the meniscus. A urine drug screen (UDS) from November 14, 2014, was noted to be negative for the Oxycodone and positive for alcohol. The Physician discussed with the injured worker the need to stop alcohol consumption while taking narcotics and if there was another negative drug screen for the Oxycodone and/or positive for alcohol, the narcotic medication would have to be stopped. The injured worker was given a one month supply of Percocet.

### 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 Treatment Guidelines  
Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for pain previously for which the pain reduced from 9/10 to 5/10 in a note on 12/2/14. The claimant wished to change to Percocet. The claimant had been on Norco for over 6 months in combination with NSAID. There was no mention of Tylenol failure. No one opioid is superior to another. The continued and chronic use of opioids as Percocet is not medically necessary.