

<b>Case Number:</b>	CM15-0045431		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: New Jersey

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 42 year old female, who sustained an industrial injury on 7/16/10. She reported left knee injury. The injured worker was diagnosed as having left knee pain, left medial meniscus tear and left (ACL) Anterior Cruciate Ligament tear status post repair and chronic pain syndrome. Treatment to date has included left knee (ACL) Anterior Cruciate Ligament reconstruction, Supartz injection (left knee swollen and painful) and only gave 2-3 days of pain relief, oral pain medications including opioids and topical medications. Currently, the injured worker complains of inability to bend left knee and weakness in left lower extremity including hip, knee and ankle. The injured worker states the opioids allow her to sit for longer periods of time and she is able to perform activities of daily living. The treatment plan is to continue 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 opioids Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation of this full review being completed at the time of this request. Although evidence of normal urine drug screening, one prescriber, and pain reduction was included in the notes, there was not enough specific reporting of the pain levels with and without Percocet independent of her other medication (Voltaren) prescribed by the provider. Also, there was insufficient comparisons given of her functional abilities without the use of Percocet. Without these evidences of continued measurable benefit with chronic use of Percocet, it will be considered medically unnecessary until provided for review.