

<b>Case Number:</b>	CM14-0134747		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine, Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46 year old female who reported an injury on 02/06/2008 with unknown mechanism of injury. The injured worker was diagnosed with internal derangement of the right knee status post two meniscectomies and arthroscopy of the right knee, synovectomy, chondroplasty, and meniscectomy performed on 04/22/2013. The injured worker was treated with medications, surgery, and physical therapy. The injured worker had an official MRI of the right knee on 01/29/2014 and a flouroscan dated 03/11/2014. The injured worker had two previous meniscectomies (the dates of which were not provided within the medical records) and arthroscopy of the right knee, synovectomy, chondroplasty, and meniscectomy performed on 04/22/2013. The clinical note dated 04/11/2014 noted the injured worker complained of pain in both knees. The injured worker had tenderness and swelling in both knees with extension of 170 degrees bilaterally and flexion of 90 degrees on the right and 110 degrees on the left. The injured worker was prescribed Percocet 10/325mg and MS contin 30mg. The treatment plan was for Percocet 10/325mg quantity 120. The rationale for the request was not indicated in the medical records. The request for authorization was submitted for review on 04/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 78.

**Decision rationale:** The request for Percocet 10/325mg #120 is not medically necessary. The injured worker is diagnosed with internal derangement of the right knee status post two meniscectomies and arthroscopy of the right knee, synovectomy, chondroplasty, and meniscectomy. The injured worker complained of pain in both knees. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalence per day. The injured worker's medical records lack the documentation of pain rating pre and post medication, current pain rating, the least reported pain over the period since last assessment, the average pain rating, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates whether there are side effects and aberrant drug related behaviors present. The documentation did not include a recent urine drug screen. The guidelines recommend that opioids for chronic back pain be limited for short-term pain relief not greater than 16 weeks. The injured worker has been prescribed Percocet 10/325mg since at least 04/04/2013 which exceeds the 16 week limit. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Also, the request does not indicate the frequency of the medication. As such, the request for Percocet 10/325mg #120 is not medically necessary.