

<b>Case Number:</b>	CM14-0153400		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/01/1966
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic pain syndrome, psychological stress, arm pain, knee pain, and arthritis reportedly associated with cumulative trauma at work first claimed on June 1, 1988. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; total knee arthroplasty; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 2, 2014, the claims administrator failed to approve request for Percocet. The applicant's attorney subsequently appealed. In May 20, 2014, progress note, the applicant reported multifocal knee, hand, foot, and elbow pain. The applicant's medical history was notable for osteoporosis, obesity, rheumatoid arthritis, and osteoarthritis. The applicant was using Morphine extended release, Percocet, nystatin, and phentermine, it was stated. The applicant's BMI was 21, it was further noted. Physical therapy and occupational therapy were endorsed, along with electric reclining chair. It was stated that the applicant was unable to care for herself, unable to walk, and wheelchair-bound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP 5/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as result of the same. In this case, however, the applicant is seemingly off of work. The applicant is having difficulty performing activities of daily living as basic as standing and walking. The attending provider has failed to quantify any decrements in pain or material improvements in function achieved as a result of ongoing opioid usage, including ongoing Percocet usage. Therefore, the request is not medically necessary.