

<b>Case Number:</b>	CM14-0173949		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/07/2001
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Internal 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 (IW) is a 56-year-old man with a date of injury of August 7, 2001. A review of the medical records reveals that the IW has been treated for right knee pain. The IW was status-post right knee surgery June of 2014 with a successful outcome. Pursuant to the progress note dated September 25, 2014, the IW reveals that she is doing better and rates her pain at 3-5/10 with medications. Objectively, the IW was alert and oriented to person, place and time. The incision has healed, effusion is mild. The motor function distally is intact. Collateral ligaments at 30 degrees are stable. Range of motion is nearly full (2) to 120. He is currently on a medication regimen, which includes, Methadone 10mg, Trazadone 50mg, Percocet 10/325mg, and Lidoderm patch 5%. The physician also states that the IW is taking NSAIDs for their anti-inflammatory properties. Those NSAIDs were not listed in the medical record. The diagnosis is s/p total right knee revision. Treatment plan includes: Start to wean opioids, continue physical therapy, home exercise program, and follow-up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #150 is not medically necessary. Ongoing opiate usage requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain; police reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain increased level of function for improved quality of life. Percocet consists of oxycodone and acetaminophen. Determining whether or not patient should continue opiates includes consideration of functional abilities and pain levels including whether or not the patient has returned to work. In this case, the injured worker's status post right knee surgery that took place at the beginning of June 2014. The outcome was successful. He is currently on a medication regimen which includes Percocet for pain relief. The provider began weaning the injured worker off of the Percocet. Consequently, Percocet 10/325 mg #150 is not medically necessary in that the amount is in excess of that required for weaning purposes. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Percocet 10/325 mg #150 is not medically necessary.