

<b>Case Number:</b>	CM15-0100685		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old male sustained an industrial injury to the back and bilateral knees on 3/7/12. Previous treatment included magnetic resonance imaging and medications. Magnetic resonance imaging bilateral knees (8/16/12) were within normal limits. Magnetic resonance imaging lumbar spine (8/26/14) showed disc desiccation at L4-5. In a PR-2 dated 4/27/15, the injured worker complained of on bilateral knee and low back pain associated with burning pain in the bottom of the feet and bruising-type pain to the left lateral ankle. The injured worker rated his pain 8/10 on the visual analog scale without medications, 3/10 with Norco and 5/10 on average. Norco had previously been denied. The injured worker reported that medications allowed him to be more functional with improved sleep. The injured worker could walk one mile daily and do some cooking and cleaning. Sleep improved from 4 hours of interrupted sleep to 6 to 7 hours of restful sleep per night. Current diagnoses included bilateral knee pain and low back pain. Ibuprofen and Lexapro were dispensed during the office visit. The treatment plan included a new prescription for Percocet, a psychiatric consultation and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured in 2012. The back and knees had been injured. Medicines reportedly allow him to be more functional. The pain drops from 8 to 3 on Norco. This is a request for Percocet. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.