

<b>Case Number:</b>	CM15-0038349		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/13/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 44 year old male who sustained an industrial injury on 3/13/08. He currently complains of persistent left knee pain. He has difficulty standing, walking and stair climbing. His knee buckles out from under him. In addition he is experiencing headaches, low back pain with numbness, tingling and radicular symptoms in the lower extremities. He has difficulty performing activities of daily living. His functioning depends on medications, which relieve symptoms and pain. Medications include Percocet and Ultracin cream. Diagnoses include left knee strain/ sprain with severe degenerative joint disease; status post patellar tendon repair and arthroscopic surgery of the left knee. Treatments to date include physical therapy; left knee brace. Diagnostics include MR arthrogram left knee, 9/25/14. In the progress note dated 1/13/15 the treating physician is requesting refill on Percocet as the medication helps with pain relief and improves his functional abilities. In the progress note dated 12/16/14 the treating provider requested Ultracin cream to enable him to function and for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use, On-going Management; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines state that patients who are on opioids chronically should be monitored for efficacy, side effects, functionality, and signs of aberrant drug use. In this case the patient continues to complain of elevated pain despite long term use. According to records, the oxycodone was beginning to be weaned. Thus, the request for Percocet 7.5/325 mg #60 is not medically appropriate and necessary.

**Topical Ultracin #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

**Decision rationale:** Topical ultracin contains methyl salicylate, menthol, and capsaicin. Guidelines state that topical medications are largely experimental and few trials have been done which show efficacy or safety. Guidelines also state that capsaicin is recommended only as an option in patient who have not responded to other treatments. The medical records do not establish that this was the case with this patient. Thus, the request for topical Ultracin #120 is not medically appropriate and necessary.