

<b>Case Number:</b>	CM15-0046003		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/09/2008
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 53-year-old male, with a reported date of injury of 03/09/2008. The diagnoses include recurrent right anterior knee pain, post-traumatic arthritis of the right knee, right shoulder pain, status post right rotator cuff repair, chronic lumbar discogenic pain, right medial elbow pain secondary to flexor tendinopathy, status post L1 compression fracture, and chronic pain-related anxiety and insomnia. Treatments to date have included oral medications, and physical therapy. The progress report dated 01/20/2015 indicates that the injured worker complained of right shoulder pain, right medial knee pain, and minimal complaints of right medial elbow and low back pain. It is noted that the injured worker was independent with his self-care activities. He rated his pain 2 out of 10. The physical examination showed tenderness to palpation over the bicipital groove and posterior joint line of the right shoulder; full active range of motion of the right elbow; full active range of motion of the right wrist and hand; no effusion of the right knee; mild patellofemoral crepitus with medial joint line tenderness of the right knee; bilateral lower lumbar paraspinal tenderness without spasm; and positive straight leg raise test. The treating plan included the continuation of the oral medications. The treating physician requested Percocet 5/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, it was not exactly known how this medication was used besides using it "before therapy". There was also insufficient reporting included in the notes to show functional gains and measurable pain reduction with the use of Percocet to warrant continuing its use. Therefore, the Percocet is not medically necessary.