

<b>Case Number:</b>	CM15-0064886		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	05/03/2000
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female who sustained an industrial injury on 05/03/2000. Current diagnoses include arthralgia right knee and chronic right knee pain. Previous treatments included medication management, right knee replacement, and home exercise program. Report dated 03/04/2015 noted that the injured worker presented with complaints that included chronic right knee pain status post total knee replacement. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continuation of Percocet and follow up in 4 weeks or sooner. The physician notes that the last urine drug test was positive for diazepam, which the injured worker stated that she received in the hospital for post-operative muscle spasms. It was also noted that the injured worker usually takes Roxicet elixir secondary to gastric bypass, but it is currently not available. Disputed treatments include Percocet and urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring more than 15 years ago. He continues to be treated for right knee pain after undergoing a total knee replacement. Percocet was being prescribed at a total MED (morphine equivalent dose) of up to 60 mg per day. Prior urine drug testing results had been positive for Diazepam. The claimant's history includes a gastric bypass. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

**1 (Urine drug testing) UDT:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

**Decision rationale:** The claimant has a remote history of a work injury occurring more than 15 years ago. He continues to be treated for right knee pain after undergoing a total knee replacement. Percocet was being prescribed at a total MED (morphine equivalent dose) of up to 60 mg per day. Prior urine drug testing results had been positive for Diazepam. The claimant's history includes a gastric bypass. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at 'moderate risk' for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the testing requested was within guideline recommendations and therefore was medically necessary.