

<b>Case Number:</b>	CM15-0073343		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 56 year old male who sustained an industrial injury on April 08, 2013. The worker is being treated for: tear medial meniscus and knee sprain cruciate leg; bilateral knee injury and pain. Subjective: December 05, 2014 he reported his left knee is better but still has limitation of ROM and pain while he is ambulating. He completed a course of PT for the left knee. April 2015 he reported complaint of bilateral knee pain, mild to moderate low back pain. Objective: December 05, 2014 noted the right knee still with swelling and restricted ROM (noted with no further treatment). There is noted discussion regarding returning to carpentry work of which he feels unable to return due to inability to knee and or squat. April 2015 noted discussion regarding Percocet not providing adequate pain control and note of developing some habitation to the medication. The POC noted focusing on weight management, given DME brace and recommending injection therapy along with judicious anti-inflammatory with goal of performing a knee replacement. There is suggestion for weaning off Percocet and consider taking greater dose of Ultram with no orders written this visit. Medication: December 2014: Celebrex, Percocet. The patient is noted with allergy to Codeine derivatives, PCN and Vicodin. April 2015: Percocet, Celebrex, and Terazosin. Treatment: initial work up and surgery performed May 13, 2013 right knee, and then presenting with left knee compensatory complaint and surgical intervention August 2013, revision 2014, December 2014 noted POC with recommendation for orthopedic specialty examination. On March 13, 2015 a request was made for Percocet 10mg 325mg #60 with 5 refills that was noncertified with the recommendation for weaning by Utilization Review on March 20, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Percocet nor any documentation addressing the 4A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the requested 6 month supply is not appropriate as it does not allow for timely reassessment of medication efficacy. The request is not medically necessary.