

Case Number:	CM14-0170918		
Date Assigned:	10/23/2014	Date of Injury:	12/30/1999
Decision Date:	11/28/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66year old woman with a work-related injury dated 12/30/1999 resulting in chronic pain in the upper extremity. She was evaluated by the primary pain physician on 9/11/14. At that time she continued to complain of pain 8/10 without pain medications and 4/10 with pain medications. The medications included Lidoderm patch, Ketoprofen gel, Percocet 10/325 mg 1-2 every 4-6 hours, Lyrica, Omeprazole, Reglan, Duragesic 125mcg per hour every 3 days and Flexeril 10mg three times daily. The physical exam showed an antalgic gait with decreased range of motion of the right wrist and hand and tenderness to palpation of the fingers. The plan of care included continuation of oral analgesic medications and wrist brace. The documentation shows the patient is able to perform activities of daily living when she takes her pain medications and has worse sleep, mood and activity level without the pain medications. The diagnosis includes extremity pain and hand pain. Under consideration is the continued use of Percocet 10/325mg at #180 pills per month. During utilization review done on 9/30/14 the quantity was modified to a total of #135 pills of Percocet 10/325mg per month.

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.

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

Decision rationale: The injured worker is a 66year old woman with a work-related injury dated 12/30/1999 resulting in chronic pain in the upper extremity. She was evaluated by the primary pain physician on 9/11/14. At that time she continued to complain of pain 8/10 without pain medications and 4/10 with pain medications. The medications included Lidoderm patch, Ketoprofen gel, Percocet 10/325 mg 1-2 every 4-6 hours, Lyrica, Omeprazole, Reglan, Duragesic 125mcg per hour every 3 days and Flexeril 10mg three times daily. The physical exam showed an antalgic gait with decreased range of motion of the right wrist and hand and tenderness to palpation of the fingers. The plan of care included continuation of oral analgesic medications and wrist brace. The documentation shows the patient is able to perform activities of daily living when she takes her pain medications and has worse sleep, mood and activity level without the pain medications. The diagnosis includes extremity pain and hand pain. Therefore, the request for Percocet 10/325mg at #180 pills per month is medically necessary.

Percocet 10/325mg #60: Overturned

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

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

Decision rationale: According to the MTUS section on opioid pain medications it is recommended that dosing not exceed 120mg oral morphine equivalents per day (MED), and for patients taking more than one opioid, the MED of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120mg MED. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120mg oral morphine equivalents. In this case, the documentation supports that the patient has been taking greater than the 120 MED including both Percocet and Duragesic patch. The physician progress note dated 10/9/14 notes the prescribing physician is a board certified pain specialist. The progress note dated 9/11/14 documents functional improvement for the patient while taking the current dose of medications including Percocet 10/325mg #180 per month. The documentation shows the patient is taking medications appropriately and does not have any adverse side effects due to the opioid medications. The patient is managed by a pain specialist and has been taking opioid analgesic medications that equal greater than 120MEDs daily with good functional improvement and lack of adverse drug reactions. The continued use of Percocet 10/325mg #180/month is medically appropriate.