

<b>Case Number:</b>	CM14-0023707		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/03/2005
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female with a reported date of injury on 01/03/2005. The mechanism of injury was not provided in the documentation available for review. The injured worker presented with complaints of pain in her bilateral upper extremities, as well as increased pain in her fifth finger since the trigger finger release. The injured worker rated her pain at 6-7/10 without medications and 3-4/10 with medications. The clinical information provided indicated the injured worker was able to perform her chores throughout the day, able to walk, able to use her hands, and able to sleep at night. Upon physical examination, the injured worker was noted to have tenderness and swelling at the MCP joint of the fifth finger. In addition, the physician noted there was snapping that occurred when the joint was flexed. The injured worker's diagnoses included status post bilateral carpal tunnel release in 2005, status post bilateral right tennis elbow, and right radial nerve release in 2009, status post left tennis elbow and cubital tunnel release in 2010, right cubital tunnel release in 2012, biliary cirrhosis, right cubital tunnel release 02/29/2012, and right fifth digit trigger finger release on 10/27/2013. The request for authorization for Percocet 5/325 mg, 2 to 3 tablets daily, #180; Percocet 5/325 mg 2 to 3 tablets daily (not to be filled until 02/27/2014) #120; decision for Percocet 5/325 mg, 2 to 3 tablets daily (not to be filled until 03/25/2014), #180 was submitted on 02/07/2014. The rationale for the request was not provided within the clinical information available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 5/325 MG 2-3 TABLETS DAILY #180 (1/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-81.

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

**Decision rationale:** The California MTUS Guidelines state that the ongoing management of opioid use should include the lowest dose to be prescribed to improve pain and function. The ongoing management should also include the review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. In addition, the guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition, or pain does not improve on opioids in 3 months. According to the clinical documentation provided for review, the injured worker has been utilizing Norco 5/325 prior to 10/25/2012. Although the physician referenced drug screens, there is a lack of documentation related to the outcomes of drug screenings that were utilized. In addition, the request as submitted is asking for 180 tablets per month, when the directions for use are 2 to 3 tablets per day, which would require 90 tablets for a month. In addition, according to the clinical documentation, the injured worker has a history of liver disease. The clinical note dated 01/28/2014, the injured worker stated that she obtained Norco from another physician and indicated the injured worker took a few extra Percocet. There was a lack of documentation related to functional benefit of the extended use of Percocet 5/325. In addition, there is a lack of documentation related to drug screenings. Therefore, the request for Percocet 5/325 mg 2 to 3 tablets daily #180 is non-certified.

**PERCOCET 5/325 MG 2-3 TABLETS DAILY #180 (2/27/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-81.

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

**Decision rationale:** The California MTUS Guidelines state that the ongoing management of opioid use should include the lowest dose to be prescribed to improve pain and function. The ongoing management should also include the review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. In addition, the guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition, or pain does not improve on opioids in 3 months. According to the clinical documentation provided for review, the injured worker

has been utilizing Norco 5/325 prior to 10/25/2012. Although the physician referenced drug screens, there is a lack of documentation related to the outcomes of drug screenings that were utilized. In addition, the request as submitted is asking for 180 tablets per month, when the directions for use are 2 to 3 tablets per day, which would require 90 tablets for a month. In addition, according to the clinical documentation, the injured worker has a history of liver disease. The clinical note dated 01/28/2014, the injured worker stated that she obtained Norco from another physician and indicated the injured worker took a few extra Percocet. There was a lack of documentation related to functional benefit of the extended use of Percocet 5/325. In addition, there is a lack of documentation related to drug screenings. Therefore, the request for Percocet 5/325 mg 2-3 tablets daily (not to be filled until 2/27/2014) #180 is non-certified.

**PERCOCET 5/325 MG 2-3 TABLETS DAILY #180 (3/27/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-81.

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

**Decision rationale:** The California MTUS Guidelines state that the ongoing management of opioid use should include the lowest dose to be prescribed to improve pain and function. The ongoing management should also include the review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. In addition, the guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition, or pain does not improve on opioids in 3 months. According to the clinical documentation provided for review, the injured worker has been utilizing Norco 5/325 prior to 10/25/2012. Although the physician referenced drug screens, there is a lack of documentation related to the outcomes of drug screenings that were utilized. In addition, the request as submitted is asking for 180 tablets per month, when the directions for use are 2 to 3 tablets per day, which would require 90 tablets for a month. In addition, according to the clinical documentation, the injured worker has a history of liver disease. The clinical note dated 01/28/2014, the injured worker stated that she obtained Norco from another physician and indicated the injured worker took a few extra Percocet. There was a lack of documentation related to functional benefit of the extended use of Percocet 5/325. In addition, there is a lack of documentation related to drug screenings. Therefore, the request for Percocet 5/325 mg 2-3 tablets daily (not to be filled until 3/27/2014) #180 is non-certified.