

Case Number:	CM14-0038658		
Date Assigned:	06/27/2014	Date of Injury:	12/30/1999
Decision Date:	08/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 California. 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 66-year-old female who reported an unknown injury on 12/30/1999. The medical records submitted focus on bilateral wrist pain. The office visit dated 02/27/2014 reports that she is taking her medications as prescribed and she stated that her medications were working well. She reported no side effects. Inspection of the right wrist joint revealed no erythema, swelling, atrophy, or deformity. Pain restricted her range of motion with palmar flexion limited to 15 degrees and dorsiflexion limited to 10 degrees. Tenderness to palpation was noted over the ulnar side of the right wrist/hand. She was noted to have been wearing a wrist brace. Her diagnoses at that time included extremity pain and hand pain. The recommendation was for her to continue using the wrist cock-up splint to the right wrist because she found that helpful in reducing her pain. Her medications included Ketoprofen gel topically with no strength noted, Percocet 10/325 mg, Duragesic 50 mcg/hour patch, Duragesic 75 mcg/hour patch, Lyrica 150 mg, and Percocet 10/325 mg. Additionally, it was noted on 01/30/2014 that her medications included Reglan 5 mg, Omeprazole 20 mg, and Flexeril 10 mg. There was no documentation submitted attesting to past therapies, either physical therapy or chiropractic therapy. There was no documentation of previous diagnostic studies. There was no documentation of previous attempts or failures of trials of conservative care. Previous urine drug screens were noted verifying her compliance with her medication regimen. There were no requests for authorization submitted, nor rationales for the requested medications included with the submitted files.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg tab 1 every 4-6hrs PRN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 Page(s): 74-95.

Decision rationale: MTUS Guidelines attests that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessments should include: current pain; the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The recommendations read that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants and anticonvulsants). There are no trials of long-term use. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and nonsteroidal anti-inflammatory drugs (NSAIDs). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added (not substituted for) the less efficacious drugs. Long-term use may result in neurological and endocrine problems. There was no documentation in the submitted chart to attest to appropriate evaluations including psychosocial assessment, side effects, failed trials of NSAIDs, aspirins, antidepressants, or anticonvulsants, quantified efficacy, or collateral contacts. Additionally, the dosage of Percocet and Duragesic prescribed for this worker are greater than the recommended 120 mg daily morphine equivalent dose. Therefore, the request is not medically necessary.

Percocet 10-325mg -1-2 tabs every 4-6 hours #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 Page(s): 74-95.

Decision rationale: MTUS Guidelines attests that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessments should include: current pain; the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The recommendations

read that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants and anticonvulsants). There are no trials of long-term use. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and nonsteroidal anti-inflammatory drugs (NSAIDs). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added (not substituted for) the less efficacious drugs. Long-term use may result in neurological and endocrine problems. There was no documentation in the submitted chart to attest to appropriate evaluations including psychosocial assessment, side effects, failed trials of NSAIDs, aspirins, antidepressants, or anticonvulsants, quantified efficacy, or collateral contacts. Additionally, the dosage of Percocet and Duragesic prescribed for this worker are greater than the recommended 120 mg daily morphine equivalent dose. Therefore, the request is not medically necessary.

Duragesic 50mcg One patch every 3 days #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 Page(s): 74-95.

Decision rationale: MTUS Guidelines attests that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessments should include: current pain; the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The recommendations read that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants and anticonvulsants). There are no trials of long-term use. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and nonsteroidal anti-inflammatory drugs (NSAIDs). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added (not substituted for) the less efficacious drugs. Long-term use may result in neurological and endocrine problems. There was no documentation in the submitted chart to attest to appropriate evaluations including psychosocial assessment, side effects, failed trials of NSAIDs, aspirins, antidepressants, or anticonvulsants, quantified efficacy, or collateral contacts. Additionally, the dosage of Percocet and Duragesic prescribed for this worker are greater than the recommended 120 mg daily morphine equivalent dose. Therefore, the request is not medically necessary.