

Case Number:	CM14-0079691		
Date Assigned:	07/18/2014	Date of Injury:	07/19/2010
Decision Date:	09/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, wrist, and forearm pain reportedly associated with an industrial injury of July 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; unspecified amounts of physical therapy; trigger finger injection therapy; platelet-rich plasma injection therapy for the elbow; and reported return to regular duty work. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for Duexis and partially certified a request for Percocet 7.5/325 #100 with one refill as Percocet 7.5/325 #100 without refills. The applicant's attorney subsequently appealed. In a handwritten note dated November 9, 2013, the applicant presented with persistent complaints of elbow pain. The applicant was asked to continue Vicodin. Tegretol was discontinued. The applicant was placed off of work, on total temporary disability. On January 7, 2014, the applicant was again placed off of work, on total temporary disability, following failed ulnar nerve transposition surgery. Vicodin was again endorsed. On March 31, 2014, the applicant underwent right ulnar nerve neuroplasty and neurolysis procedure with resection of the medial ante brachial cutaneous nerve. On April 24, 2014, the applicant was given a prescription for Percocet and a finger splint. The applicant was again placed off of work following the recent elbow surgery. The applicant was given trigger point injections. Duexis was not specifically mentioned in the progress note, although the applicant did receive a refill of the same in a handwritten prescription form dated April 24, 2014. There was likewise no mention of any issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of an H2 antagonist such as famotidine, one of the ingredients in the Duexis amalgam, in applicants in whom there are issues with NSAID-induced dyspepsia, in this case, however, there is no mention of any active issues with reflux, heartburn, or dyspepsia which would support provision of the famotidine component of Duexis. No rationale for selection of this particular drug was furnished by the attending provider. Since one ingredient in the amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request is not medically necessary.

Percocet 7.5/325mg #100 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic, Oxycodone-Acetaminophen section. Oxycodone topic Page(s): 78,92,97. Decision based on Non-MTUS Citation Drug Enforcement Administration (DEA).

Decision rationale: Percocet, per page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, is an amalgam of oxycodone and acetaminophen. However, as noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, oxycodone is a Schedule II controlled substance. The Drug Enforcement Administration (DEA), however, takes the position that Schedule II substances cannot be refilled. The request, as written, thus cannot be approved as it runs counter to DEA rules and regulations. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants be reevaluated periodically to undergo "ongoing review" and documentation of pain relief, functional status, appropriate medication use, and side effects. The 100-tablet supply of Percocet suggested, with one refill, by implication, does not afford the attending provider with an opportunity to reevaluate the applicant to ensure ongoing Percocet efficacy. For all of the stated reasons, the request is not medically necessary.