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| Case Number: | CM15-0133815 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 12/02/2002 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

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
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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, who sustained an industrial injury on 12/02/2002. She has reported injury to the right upper extremity. The diagnoses have included tendonitis of both wrists, hands, and elbows, right worse than left; status post bilateral carpal tunnel release, with persistent symptoms on the right side post-surgery; possible Reflex Sympathetic Dystrophy right upper extremity; right greater than left cervical strain with cervicogenic headaches; right shoulder pain with frozen right shoulder/upper extremity; and secondary depression and anxiety due to chronic pain. Treatment to date has included medications, diagnostics, ice, sleeve, bracing, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Percocet, Lidoderm patch, Lyrica, Naproxen, Flexeril, Narcosoft, and Prilosec. A progress report from the treating physician, dated 05/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain, burning, throbbing over the right upper extremity, especially the wrist, hand, forearm, and elbow area; this essentially precludes the use of her right upper extremity for many activities of daily living; left wrist and hand pain; depression and frustration due to chronic pain; right shoulder pain, increased by movement of the right shoulder; upset stomach, nausea and heartburn due to the use of the medication; intermittent diarrhea; neck pain; headaches when the neck pain is intense; she reports that she went on the regular medication regimen and her pain is decreased and controlled at 3-4/10 on the pain scale; and without the medication, it would be rated at 9/10 on the pain scale. Objective findings included tearful and very depressed; the right elbow is moderately tender over the extensor aspect, with point tenderness over the lateral

epicondyle; she was wearing an elastic sleeve from the shoulder down to the hand area on the right upper extremity; inspection revealed puffiness over the olecranon and medial condyle region; right elbow flexion and extension are full, but is done slowly due to pain; palpation of the right shoulder showed tenderness of the shoulder joint on the right side; she was guarded of the right upper extremity and there is slight swelling of the fingers of the right hand; on palpation, there is significant dysesthesia of the right upper extremity on light touch, especially over the dorsum, forearm, and finger area; there appears to be puffiness on inspection of the right hand with increased sweatiness of the right hand as compared with the left; and altered sensation is noted in all of the digits of the right hand with dysesthesia. The treatment plan has included the request for Percocet tablets 10-325mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tablets 10-325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Oxycodone/acetaminophen (Percocet; generic available); Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-82, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Opioids for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet tablets 10-325mg, #30 is determined to not be medically necessary.