

Case Number:	CM15-0147895		
Date Assigned:	08/10/2015	Date of Injury:	12/30/1999
Decision Date:	09/14/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	07/29/2015

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: Physical Medicine & Rehabilitation

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 67-year-old female, who sustained an industrial injury on 12-30-99. The injured worker has complaints of bilateral hand pain. The documentation noted range of motion in the right wrist, hand is restricted with pain, and there is tenderness to palpation noted over tenderness to light touch over the ulnar side of right wrist-hand. The diagnoses have included mononeuritis arm not otherwise specified. Treatment to date has included lidoderm patch; ketoprofen gel; omeprazole; reglan; flexeril; duragesic patch; lyrica; percocet and wrist brace. The request was for percocet 10-325 mg quantity 100 with 1 refill and percocet 10-325 mg quantity 80 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 100 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 67-year-old patient complains of pain in bilateral hands, rated at 4.5/10 with medications and 7.8/10 without medications, as per progress report dated 07/16/15. The request is for PERCOCET 10/325 mg QTY 100 WITH 1 REFILL. There is no RFA for this case, and the patient's date of injury is 12/30/99. Diagnoses, as per progress report dated 07/16/15, included extremity pain and hand pain. Current medications included Lidoderm patch, Ketoprofen gel, Omeprazole, Reglan, Flexeril, Duragesic patch, Lyrica, Percocet, Lantus Solostar, and Metformin. The patient is currently not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the patient has been taking Percocet at least since 01/29/15. In progress report dated 07/16/15, the treater states that the patient's pain is rated at 4.5/10 with medications and 7.8/10 without medications. In the same report, the treater states that the patient's functional status has declined with lowering of medications. Medications help "continue daily activities including walking with walker." The treater also states, "With pain meds she is independent with her own ADLs and can perform some higher task chores such as light cleaning." As per the same report, "The patient has improved capability for ADL including Self Care and household tasks with the medications which is reflected in improved capability for daily functional activities." UDS report dated 01/29/15 is consistent. There are no adverse side effects or aberrant behavior. Given the clear documentation regarding impact of Percocet on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, the request IS medically necessary.

Percocet 10/325 mg Qty 80 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 67-year-old patient complains of pain in bilateral hands, rated at 4.5/10 with medications and 7.8/10 without medications, as per progress report dated 07/16/15. The request is for PERCOCET 10/325 mg QTY 80 WITH 1 REFILL. There is no RFA for this case, and the patient's date of injury is 12/30/99. Diagnoses, as per progress report dated 07/16/15, included extremity pain and hand pain. Current medications included Lidoderm patch, Ketoprofen gel, Omeprazole, Reglan, Flexeril, Duragesic patch, Lyrica, Percocet, Lantus Solostar, and Metformin. The patient is currently not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects,

and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, the patient has been taking Percocet at least since 01/29/15. In progress report dated 07/16/15, the treater states that the patient's pain is rated at 4.5/10 with medications and 7.8/10 without medications. In the same report, the treater states that the patient's functional status has declined with lowering of medications. Medications help "continue daily activities including walking with walker." The treater also states, "With pain meds she is independent with her own ADLs and can perform some higher task chores such as light cleaning." As per the report, "The patient has improved capability for ADL including Self Care and household tasks with the medications which is reflected in improved capability for daily functional activities." UDS report dated 01/29/15 is consistent. There are no adverse side effects or aberrant behavior. Given the clear documentation regarding impact of Percocet on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, the request IS medically necessary.