

<b>Case Number:</b>	CM15-0162624		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Family Practice

### 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 55 year old female who sustained an industrial injury on 1-15-12 when she fell over a bag landing on her right side and elbow with intense pain. She was medically evaluated and her arm was casted. She had a computed tomography followed by multiple surgeries. She currently has continued left elbow, right shoulder, bilateral knee and left hand pain. allodynia in the right upper extremity. On physical exam of the knee there was a grade 1 effusion in the right knee, clicking on palpation with tenderness on palpation bilateral knees, positive McMurray's test, Thessaly on the right and positive patella grind test on the left. She can perform basic activities of daily living but has some issues with showering, drying her body, turning off faucets, dressing, toileting, opening a carton of milk and cannot open a jar, comb hair. Medications were Lunesta, Mobic, Menthodern; Elavil, Percocet. A drug screen was done on 4- 6-15 and was inconsistent with prescribed medications. Diagnoses include status post right distal humerus fracture open reduction internal fixation and ex-fix followed by hardware removal and manipulation under anesthesia (3-2-13); right ulnar nerve injury; left 4th trigger finger status post injection; right upper extremity complex regional pain syndrome; reactive depression; weight gain; right shoulder adhesive capsulitis; right knee lateral meniscus tear; left lateral thigh pain; left knee medial and lateral menisci changes. Treatments to date include viscosupplementation to the knee (per 7-29-15 note); medications; physical therapy; occupational therapy. Diagnostics include electromyography, nerve conduction study (1-26-15) showing possible lumbar strain; MRI of the left knee (2-9-15) showing chondromalacia of the patellofemoral joint; MRI of the right knee (2-9-15) showing bilateral meniscus tear, patchy

cartilage loss. In the progress note dated 7-29-15 the treating provider's plan of care includes requests for Percocet 10-325mg #90; topical menthoderm lotion 2 bottles. She has found Percocet more effective than Norco.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS guidelines, short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short-acting opioids include Percocet. In this case, the medical records note that the injured worker rarely uses this medication. Her last prescription is noted to have lasted four months. The medical records note that Utilization Review has modified to allow #30 of Percocet. This amount is sufficient given the rare use of this medication. The request for Percocet 10/325 mg #90 is not medically necessary and appropriate.

**Topical Methoderm lotion 2 bottles:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 104.

**Decision rationale:** Menthoderm contains methyl salicylate and menthol. Per Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended. The guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the medical records that the injured worker is unable to tolerate oral medications. There is also no evidence that the injured worker has failed over-the-counter topical medication such as BenGay. The request for Topical Methoderm lotion 2 bottles is not medically necessary and appropriate.