

Case Number:	CM15-0181944		
Date Assigned:	09/23/2015	Date of Injury:	09/04/2007
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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: Florida, New York, Pennsylvania
 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:

This injured worker is a 45 year old female who reported an industrial injury on 9-4-2007. His diagnoses, and or impressions, were noted to include: sprain of wrist, elbow & forearm; pain in joint of forearm and upper arm, status-post right cubital tunnel release; status-post left cubital tunnel release of the left elbow on 4-23-2015; compensable consequence cervical sprain-strain; bilateral little finger trigger fingers. No current imaging studies were noted. His treatments were noted to include: electrodiagnostic studies of the upper extremities on 1-27-2015; surgery on left elbow; post-surgical physical therapy; acupuncture treatments; use of arm sling; home exercises; medication management; and rest from work. The progress notes of 8-11-2015 reported a follow-up for wrist, elbow, forearm and neck pain; that she was feeling better but still had work to do, and continued therapy; complaints of shoulder pain, rated 7 out of 10, that radiated to the neck, and pain in the right wrist, rated 5 out of 10. Objective findings were noted to include: the wound to her right wrist and elbow was clean and dry; the right arm was in a sling; pain with right wrist range-of-motion; bilateral upper limb pain with multiple right upper limb surgery; that she was able to function with medications; and that the surgery went well and was recovering well. The physician's requests for treatment were noted to include Percocet 10-325 mg, 1 tab 4 x a day, as needed, #120 because she had surgery, needed her medications, and that she will have therapy. Percocet 10-325 mg, 1 4 x a day as needed, #120 was noted prescribed as far back as 4- 14-2015, pre-left elbow cubital tunnel release, and on 5-12-2015 post-left elbow cubital tunnel release. The Request for Authorization, dated 8-17-2015, was noted to include Percocet 10-325 mg, #120, 4 x a day as needed. The Utilization Review of 8-24-2015 modified

the request for Percocet 10-325 mg, #120, to #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Anti-inflammatory medications, Opioids, criteria for use, Weaning of Medications.

Decision rationale: This member's DOI was listed as 4Sep07. A UR review 20Apr15 had recommended that opioids be weaned due to the duration of treatment and the failure to document functional improvement. At the time of the request for 120 Percocet the patient was 17 wks post cubital tunnel release and epicondylectomy on 23Apr15. Pain was reported as 7/10 for the elbow and 5/10 for the wrists. Medications listed were Soma, Percocet and Lidoderm. The member was reported to be recovering well. Despite indicating, the medications were needed to function there were no details relating to functional ability with or without them. Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use particularly for break through pain after there has been evidence of failure of first-line medication options when there is evidence of moderate to severe pain. They would be used in conjunction with first line treatment options rather than as a replacement. Continuation of the use of opioids would be best assessed on the basis of a return to work and evidence for improved functioning and reduced pain. There was no documented evidence for a significant and sustained reduction in pain or improvement in function related to the use of opioids. The reduction to 90 tabs gives sufficient supplies to allow for appropriate weaning without withdrawal and the opportunity to introduce appropriate second line management tools such as antidepressants. Therefore, the UR reduction to 90 with the direction to wean the opioids is supported.