

Case Number:	CM15-0182757		
Date Assigned:	09/23/2015	Date of Injury:	05/21/2007
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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 48 year old female, who sustained an industrial injury on 05-21-2007. She has reported subsequent neck, left hand, wrist and thumb pain and was diagnosed with chronic pain syndrome, pain in joint of hand and other pain disorder related to psychological factors. Treatment to date has included pain medication, physical therapy, a home exercise program, transcutaneous electrical nerve stimulator (TENS) and surgery. Physical therapy, TENS and medication were noted to help decrease pain and improve function. Documentation shows that Percocet was prescribed since at least 12-23-2014. In a progress note dated 08-18-2015, the injured worker reported lessening left thumb and hand pain status post left wrist surgery one year prior. 5-6 out of 10 neck and hand pain were reported. The physician noted that the injured worker was taking 3-4 Percocet daily and was attempting to taper medication but was having some difficulty sleeping. The physician noted that the injured worker depended on her medications to be able to accomplish all activities of daily living around the house and garden. Objective examination findings showed 2+ tenderness to touch over the paraspinous area of the neck with positive twitch response and taut bands present, tenderness of the paracervical muscles and trapezius and increased muscle tone of trapezius. Work status was documented as modified. A request for authorization of Percocet 10-325 mg #120 was submitted. As per the 08-21-2015 utilization review, the request for Percocet 10-325 mg #120 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #120: Overturned

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The current request is for PERCOCET 10/325 #120. Treatment to date has included pain medication, physical therapy, a home exercise program, transcutaneous electrical nerve stimulator (TENS) and surgery. The patient is working "full duty." MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/18/15, the patient reported left thumb and hand pain, status post left wrist surgery one year prior. Objective examination findings showed 2+ tenderness to touch over the paraspinous area of the neck with positive twitch response and taut bands present, tenderness of the paracervical muscles and trapezius and increased muscle tone of trapezius. The treater states that the patient is taking 3-4 Percocet daily and was attempting to taper medication. The physician noted that the patient depended on her medications to accomplish all activities of daily living around the house and garden. With medications she is exercising doing yoga and going on the treadmill. She is also back at "full duty and depends on her medications." The patient has been taking Percocet since at least 02/02/15. There is a consistent UDS from 02/17/15. The patient is reported to be stable on medications with no aberrant behaviors or side effects. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.