

<b>Case Number:</b>	CM15-0182762		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female, who sustained an industrial injury on 12-10-2013. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, rotator cuff syndrome of the right shoulder, failed lumbar back surgery, Complex Regional Pain Syndrome (CRPS) type I upper extremities, and Complex Regional Pain Syndrome (CRPS) type II upper extremities. On 9-1-2015, the injured worker reported constant pain in the neck and shoulders, and in lower back, mid back, and hands and wrists. The injured worker rated her pain on average as 7 out of 10 and at its worse 6 out of 10. On August 4, 2015, the injured worker rated her pain as 7 out of 10 on average, and 8 out of 10 at its worse, remaining unchanged since March 2, 2015. The Primary Treating Physician's report dated 9-1-2015, noted the injured worker's medications as Tylenol Extra Strength, Norco, Lidopro, and Percocet. The injured worker was noted to have moderate allergies to Motrin, Neurontin, and Prilosec. The physical examination was noted to show tenderness in the right and left lumbar paravertebral regions at L3-L4 levels, with reverse straight leg raise test positive. The bilateral carpal tunnel compression tests were noted to be positive with positive Phalen's tests. The injured worker was noted to have a right stellate ganglion block on August 15, 2014, that provided 70% relief for 10-12 days and a left stellate ganglion block on October 7, 2014, with 70% relief for 2 weeks. Prior treatments have included stellate ganglion bilateral blocks, three shoulder surgeries, and medication. The injured worker was noted to be currently working. The injured worker was noted to be able to perform all her activities of daily living (ADLs) including household work, grocery shopping, cooking, cleaning, and washing dishes, able to be performed for up to 30 minutes at a time with medications. Without medications the injured worker was

able to perform the activities only for 5-10 minutes at a time with frequent rests. The injured worker reported that when she took her medications she had to rest 3-4 times a day after performing activity for up to half an hour to 45 minutes at a time. Without medication, the injured worker reported resting 70- 80% of the day performing only minimal activities. Previous attempts at weaning were noted to result in significant reduction in activity, with pain score reduced 30-60% with use of medications, urine drug screen (UDS) and cures reports consistent, and a signed opioid treatment agreement noted. The treatment plan was noted to include Percocet, prescribed since at least March 2, 2015. The request for authorization dated 9-1-2015, requested a right suprascapular nerve block, a referral to doctor for surgical consultation, and Percocet 10/325mg qty: 112. The Utilization Review (UR) dated 9-15-2015, certified the requests for a right suprascapular nerve block and a referral to doctor for surgical consultation, and non-certified the request for Percocet 10/325mg qty: 112.

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

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

**Percocet 10/325mg QTY: 112:** 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): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in December 2013 and continues to be treated for chronic pain with diagnoses of carpal tunnel syndrome, right shoulder rotator cuff syndrome, failed back surgery syndrome, and CRPS. When seen, there had been 7-10 days of pain relief after a right shoulder injection. Previous treatments had included three shoulder surgeries and she was no longer considered a surgical candidate. Medications are referenced as providing a 30-60% improvement in pain and improved tolerance for activities of daily living and attempts at weaning medications are reported as resulting in a significant reduction in activity. Physical examination findings included positive Tinel's, Phalen's, and carpal compression testing bilaterally. There was bilateral lumbar paravertebral tenderness with positive straight leg raising. Upper extremity findings were consistent with bilateral CRPS. Authorization for a right suprascapular nerve block was requested. Percocet was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.