

Case Number:	CM15-0195265		
Date Assigned:	10/09/2015	Date of Injury:	03/09/2015
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 28 year old male who sustained an industrial injury March 9, 2015, to the left arm resulting in multiple fractures of the radius and ulna. He underwent left arm reconstruction surgery with hardware March 9, 2015. According to a follow-up pain management evaluation dated September 14, 2015, the injured worker presented with complaints of moderate left wrist, left lateral arm pain, rated 7 out of 10. He reported worsening pain on the ulnar aspect of his left wrist just under the surgical scar and he cannot fully flex his 2nd digit. He stopped taking Cymbalta due to side effects of nausea and vomiting and a 15 pound weight loss, erectile dysfunction he attributes to Percocet and constipation with occasional bloody stools. He reports taking a half a tablet of Percocet (prescribed April, 2015) at a time, and about three whole tablets per day. Current medication included Percocet, ibuprofen, Gabapentin, and Meloxicam. He was attending occupational therapy up until one month ago as it was denied further authorization by insurance, having completed a total of 24 sessions. He also reported taking energy drinks to cope with fatigue. He is wearing a cock up splint to the left wrist and has some numbness on the radial aspect but decreasing. He has difficulties picking up items. Objective findings included; bilateral elbow and forearm; radial head tender, left; muscle strength 4 out of 5 left for flexion in supinated and thumb up positions, extension, supination and pronation and right 5 out of 5. Diagnoses are unspecified hereditary and idiopathic neuropathy; disturbance of skin sensation; spasm of muscle; pain in joint forearm. Treatment plan included discussion of medication and side-effects, opioid contract signed and the injured worker understands about random urine toxicology testing. At issue, is the request for authorization for Percocet 10-325mg Quantity: 120 with (4) refill (600 total). According to utilization review

dated September 23, 2015, the requests for Gabapentin 800mg Quantity: 90 and ibuprofen 800mg Quantity: 90 were certified. The request for Percocet 10-325mg Quantity: 600 were modified to Percocet 10-325mg Quantity: 120.

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 120 with 4 refills (600 total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the left arm. The request is for percocet 10/325mg qty 120 with 4 refills (600 total). Patient is left arm reconstructive surgery, 03/09/15. Physical examination to the left arm on 07/15/15 revealed tenderness to palpation over the radial head. Muscle strength testing of the left arm was 4/5. Per 09/16/15 Request for Authorization for, patient's diagnosis include unspecified hereditary and idiopathic peripheral neuropathy, disturbance of skin sensation, and forearm pain. Patient's medications, per 09/14/15 progress report include Percocet, Ibuprofen, Gabapentin, and Meloxicam. Patient is temporarily totally disabled. 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically addressed this request. Review of the medical records provided indicates that the patient has been utilizing Percocet since at least 04/08/15. However, the treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how Percocet decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contracts were provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Therefore, the request is not medically necessary.