

Case Number:	CM15-0195439		
Date Assigned:	10/13/2015	Date of Injury:	09/24/2002
Decision Date:	11/25/2015	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:

This 58-year-old male sustained an industrial injury on 9-24-02. Documentation indicated that the injured worker was receiving treatment for right wrist flexor compartment damage with right hand flexion contracture deformity with persistent right wrist pain. Recent treatment consisted of medication management. In a PR-2's dated 3-11-15, 4-8-15, 6-4-15, 7-2-15 and 7-30-15, the injured worker complained of pain rated 9 out of 10 on the visual analog scale without medications and 6 to 7 out of 10 with medications. The injured worker was prescribed Oxycontin and Percocet. In a PR-2 dated 9-11-15, the injured worker complained of ongoing right hand and wrist pain, rated 9 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. The physician documented that there was no medication abuse suspected. Physical exam was remarkable for right hand with a large scare from his laceration injury and continued withered deformity of the right hand with atrophy at the intrinsics and "limited" muscle strength with extension and flexion. The treatment plan included continuing Oxycontin and Percocet. On 9-23-15, Utilization Review modified a request for Oxycontin 30mg #60 refill unspecified to Oxycontin 30mg #60 (single fill to allow for weaning and discontinuation) and Percocet 10-325mg table #60 refill unspecified to Percocet 10-325mg #60 refill (slowly weaning opioid medications at the rate of 10% per week until completely eliminated).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325 MG Tab Qty 60 Refill Unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The patient presents on 09/11/15 with right hand and wrist pain rated 7/10 with medications, 9/10 without. The patient's date of injury is 09/24/02. The request is for Percocet 10-325mg tab qty 60 refill unspecified. The RFA is dated 09/11/15. Physical examination dated 09/11/15 reveals a large laceration scar, withered deformity of the right hand with "atrophy at the intrinsics", and limited muscle strength on flexion/extension. The patient is currently prescribed Oxycontin and Percocet. Patient's current work status is not provided. 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." About the continuation of Percocet for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note date 09/11/15 has the following regarding this patient's medications: "With medication the patient rates his pain as 7 on a scale of 10... Without medication, the patient rates his pain as 9 on a scale of 10... He states that medications are effective... The patient states that his/her pain is decreased and his function is improved with the use of medications and without them he/she would have significant difficulty tolerating even routine activities of daily living..." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is documentation of analgesia, a lack of aberrant behavior, and consistent urine drug screening to date. However, the provider neglects to include any activity-specific functional measures/improvements attributed to medications, without such documentation the continued use of narcotic medications cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

Oxycontin 30 MG Tab Qty 60 Refill Unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The patient presents on 09/11/15 with right hand and wrist pain rated 7/10 with medications, 9/10 without. The patient's date of injury is 09/24/02. The request is for OxyContin 30mg tab qty 60 refill unspecified. The RFA is dated 09/11/15. Physical examination dated 09/11/15 reveals a large laceration scar, withered deformity of the right hand with "atrophy at the intrinsics", and limited muscle strength on flexion/extension. The patient is currently prescribed Oxycontin and Percocet. Patient's current work status is not provided. 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." About the continuation of Oxycontin for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note date 09/11/15 has the following regarding this patient's medications: "With medication the patient rates his pain as 7 on a scale of 10... Without medication, the patient rates his pain as 9 on a scale of 10... He states that medications are effective... The patient states that his/her pain is decreased and his function is improved with the use of medications and without them he/she would have significant difficulty tolerating even routine activities of daily living..." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is documentation of analgesia, a lack of aberrant behavior, and consistent urine drug screening to date. However, the provider neglects to include any activity-specific functional measures/improvements attributed to medications, without such documentation the continued use of narcotic medications cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.