

Case Number:	CM15-0196143		
Date Assigned:	10/09/2015	Date of Injury:	12/03/1996
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
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: Maryland

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

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 51 year old female with an industrial injury date of 12-03-1996. Medical record review indicates she is being treated for chronic myofascial pain syndrome, mild carpal tunnel syndrome right hand, and possible fibromyalgia versus myofascial pain syndrome with associated depression, history of narcotic dependency and depression and anxiety disorder. Subjective complaints (09-10-2015) included neck pain, frequent headaches, burning sensation across her neck, arms and shoulder areas. She also reported "severe" depression, anxiety and chronic pain in upper extremities. "She states she cannot push, pull or lift or grip or grasp anything without agonizing pain in the upper extremities." "She states the Norco I give her helps her pain, but does not work well enough." "She reminds me I had her on Methadone and Norco previously and weaned her off Methadone." "She is asking for something stronger for pain." The injured worker rated her pain as 8 out of 10, at best 4 out of 10 with medications and 10 out of 10 without medications. The injured worker reported 50% reduction in her pain and functional improvement with activities of daily living with the medications versus not taking them at all. Her medications included Neurontin, Baclofen, Omeprazole, Norco (at least since 03- 26-2015), and Wellbutrin. Prior medications included Amitriptyline, Pregabalin, Topiramate, Zanaflex, Lorzone, Klonopin, Methadone and Pamelor. Prior treatments included multiple injections in the past, physical therapy and TENS. Physical exam (09-02-2015) noted multiple areas of trigger point tenderness with positive "jump sign" throughout the neck, thoracic and paraspinal musculature. Phalen's and Tinel's signs were positive in both hands. There was tenderness over

the medial and lateral epicondyles with positive Cozens maneuvers. On 09-28- 2015 the request for Percocet 10/325 mg, #180 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: Percocet 10/325mg, #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Per the MTUS prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. Opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies". Opioids are minimally indicated, if at all, for chronic non-specific back pain. Aberrant use of opioids is common in this population. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement, return to work and with persistently high pain levels therefore the request for Percocet is not medically necessary.