

Case Number:	CM15-0211658		
Date Assigned:	10/30/2015	Date of Injury:	01/03/2005
Decision Date:	12/11/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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 52 year old female with an industrial injury date of 01-03-2005. Medical record review indicates she is being treated for status post carpal tunnel release, status post bilateral right tennis elbow and right radial nerve release, status post left tennis and bilateral cubital tunnel and release, right 5th digit trigger finger release. Subjective complaints (10-01-2015) included "ongoing" bilateral upper extremity pain. "She continues to do well with the Percocet. Objective findings are documented as 'no significant change.' Work status (10-01-2015) is documented as permanent and stationary." Current medications (10-01-2015) are documented as Percocet 5-325 (since at least 12-04-2012) two tablets 3 times a day. Prior medications included Percocet, Lyrica, Voltaren gel and Pennsaid drops. The physician documents (10-01-2015) random urine drug screen done at office at the visit was negative for Percocet. On 10-20-2015 the request for Percocet 5-325 mg # 180 (do not dispense until 10-31-2015) # 180 was non-certified by utilization review. The request for Percocet 5-325 mg # 180 (do not dispense until 11-30-2015) # 180 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #180 do not dispense until 10/31/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, cancer pain vs. nonmalignant pain, Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: Review indicates the patient continuing to treat for this chronic 2005 permanent and stationary injury with current requests for Percocet that has been prescribed since at least 2012. Report of 10/1/15 from the provider noted "Random urine drug screen today here was negative for Percocet. We will send it out for confirmation." Treatment plan included continuing Percocet with 3 separate prescriptions. Recent drug screening was negative for Percocet; however, there was no change in treatment regimen for the aberrant findings. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening; however, no adjustment was made by the provider regarding the aberrant drug behavior. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported and does not recommended multiple scripts without reassessment for efficacy. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Percocet 5/325mg #180 do not dispense until 10/31/2015 is not medically necessary and appropriate.

Percocet 5/325mg #180 do not dispense until 11/30/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction.

Decision rationale: Review indicates the patient continuing to treat for this chronic 2005 permanent and stationary injury with current requests for Percocet that has been prescribed since at least 2012. Report of 10/1/15 from the provider noted "Random urine drug screen today here was negative for Percocet. We will send it out for confirmation." Treatment plan included continuing Percocet with 3 separate prescriptions. Recent drug screening was negative for Percocet; however, there was no change in treatment regimen for the aberrant findings. Per the

MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening; however, no adjustment was made by the provider regarding the aberrant drug behavior. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported and does not recommended multiple scripts without reassessment for efficacy. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Percocet 5/325mg #180 do not dispense until 11/30/2015 is not medically necessary and appropriate.