

<b>Case Number:</b>	CM15-0089022		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/03/2005
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 52-year-old female, who sustained an industrial injury on 1/3/2005. Diagnoses have included status post bilateral carpal tunnel release (2005), right tennis elbow and right radial nerve release (2009), left tennis elbow and cubital tunnel release (2010), right cubital tunnel release (2012) and right fifth digit trigger finger release (2013). Treatment to date has included surgery and medication. According to the progress report dated 4/16/2015, the injured worker complained of ongoing bilateral upper extremity pain. It was noted that medication documentation had not changed since the 1/22/2015 visit. Objective findings were noted to be unchanged. The 1/22/2015 progress report documented that the pain level was rated 6/10; after medications, it was 2/10. With medications, she was able to clean, do laundry, wash dishes and stretch hands and arms for exercise. A urine drug screen dated 10/30/2014 was consistent with her medication. She rated her average pain as 4/10. The Percocet provided relief for four to five hours. No physical exam was documented. Authorization was requested for Percocet and Pennsaid drops.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg Qty 180 - do not dispense until 5/16/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in January 2005 and continues to be treated for chronic bilateral upper extremity pain. Medications are referenced as decreasing pain from 6/10 to 2/10 and lasting for four hours. Physical examination findings of carpal tunnel and elbow tenderness were unchanged. Percocet is being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. Urine drug screening has been consistent with her prescribed medications. 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 pain relief. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

**Percocet 5/325 mg Qty 180 - do not dispense until 6/16/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in January 2005 and continues to be treated for chronic bilateral upper extremity pain. Medications are referenced as decreasing pain from 6/10 to 2/10 and lasting for four hours. Physical examination findings of carpal tunnel and elbow tenderness were unchanged. Percocet is being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. Urine drug screening has been consistent with her prescribed medications. 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 pain relief. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

**Pennsaid drops (bottles) Qty 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p 111- 113 Page(s): 111-113.

**Decision rationale:** The claimant sustained a work-related injury in January 2005 and continues to be treated for chronic bilateral upper extremity pain. Medications are referenced as decreasing pain from 6/10 to 2/10 and lasting for four hours. Physical examination findings of carpal tunnel and elbow tenderness were unchanged. Percocet is being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. Urine drug screening has been consistent with her prescribed medications. Indications for the use of a topical non-steroidal anti-inflammatory medication such as diclofenac include joints that are amenable to topical treatment. In this case, the claimant is using Pennsaid (topical diclofenac) with benefit. She has localized peripheral pain affecting her hand and elbows. Therefore, Pennsaid was medically necessary.