

Case Number:	CM14-0161404		
Date Assigned:	10/06/2014	Date of Injury:	12/30/1999
Decision Date:	11/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old female with a reported date of injury on 12/30/1999. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include extremity pain and hand pain. Her previous treatments were noted to include medications and surgery. The progress note dated 09/11/2014 revealed complaints of pain with medications rated 4/10 and without medications rated 8/10. The injured worker denied any problems or side effects. She indicated her quality of sleep was poor and her activity level had remained the same. The physical examination revealed an antalgic gait, assisted by a walker. The physical examination of the right wrist revealed restricted range of motion with palmar flexion limited to 20 degrees, limited by pain; dorsiflexion limited to 20 degrees, limited by pain. There was tenderness to palpation noted to light touch over the ulnar side of the wrist/hand. The physical examination of the right hand revealed restricted range of motion and painful range of motion. There was tenderness to palpation noted over the distal interphalangeal joint of the ring finger and little finger. The motor strength of the wrist flexors was 4/5 on the right and 4/5 on the left, and supination and pronation were 4/5 on the right. The sensory examination to light touch was decreased over the ring finger and little finger on the right side. Her medications were noted to include Percocet 10/325 mg as needed for breakthrough pain. The provider indicated a urine drug screen was performed 07/18/2013, which was consistent with prescribed medications. The Request for Authorization form dated 09/20/2014 was for Percocet 10/325 #120 mg take 1 every 4 to 6 hours as needed pain (maximum 6 a day) for pain, and Percocet 10/325 mg #60 one to 2 every 4 to 6 hours per day (maximum 6 a day) for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Weaning of Medications; Opioids, dosing; Opioid Dosing C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator.

Decision rationale: The request for Percocet 10/325 mg #120 is not medically necessary. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated with pain medications her pain rated 4/10 and without medications her pain rated 8/10. The injured worker indicated with pain medications she was able to ambulate with her walker. The injured worker denied side effects; however, the most recent urine drug screen submitted for review was performed 07/20/2013, which was consistent with therapy. Therefore, despite evidence of significant pain relief, improved functional status, and lack of side effects, without a current, consistent urine drug screen, the ongoing use of opioids is not appropriate at this time. The opioid MED calculator recommends 100 morphine equivalent doses per day with opioid medications, and the medication regimen exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Weaning of Medications; Opioids, dosing; Opioid Dosing C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator

Decision rationale: The request for Percocet 10/325 mg #60 is not medically necessary. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated with pain medications her pain rated 4/10 and without medications her pain rated 8/10. The injured worker indicated with pain medications she was able to ambulate with her walker. The injured worker denied side effects; however, the most recent urine drug screen submitted for review was

performed 07/20/2013, which was consistent with therapy. Therefore, despite evidence of significant pain relief, improved functional status, and lack of side effects, without a current, consistent urine drug screen, the ongoing use of opioids is not appropriate at this time. The opioid MED calculator recommends 100 morphine equivalent doses per day with opioid medications, and the medication regimen exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.