

<b>Case Number:</b>	CM14-0179863		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/30/1999
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family Medicine and is licensed to practice in New York and New Jersey. 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 who was injured on 12/30/99 by unknown mechanism with unknown history of treatment course immediately after injury. Progress notes consist of information from 2011 onwards. She complains of right wrist pain. On exam, she had an antalgic gait, ambulating with walker and cane, decreased range of motion of the right wrist, tender over 4th and 5th finger, with slightly decreased strength. A 1/2011 showed distal fibular fracture, essentially nondisplaced, with lateral malleolar soft tissue swelling. A 7/2011 left foot x-ray showed significant flexion deformity of toes, severe hallux valgus deformity, degenerative changes of the first tarsometatarsal, small calcaneal spurs. Left ankle x-ray showed lateral malleolar soft tissue swelling, mild degenerative change of the tibiotalar joint. She was diagnosed with extremity pain and hand pain. Her medications included acetaminophen, muscle relaxant, anti-epileptics, opiates, Lidoderm patch, and topical analgesics. She took Percocet 10/325mg every 4-6 hours/day with maximum of 6 tablets/day. Her urine drug screen was consistent with oxycodone, fentanyl use. She had a spinal cord stimulator placed on 6/10/14. She wore a wrist cockup splint on her right wrist. As per her pain management physician, she has a signed pain contract on file and submits to random urine drug screens. Her pain and function improved on increased dosage of Percocet. She did have documentation of constipation and upset stomach. She was to have Percocet #100 to be filled through workers compensation and #80 to be filled through her private insurance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg, 100 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request is not medically necessary. The patient has been taking percocet for ankle and wrist pain. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of percocet. Urine drug screen results were mentioned in progress notes but the actual results were not available in the chart. There are no drug contracts included in the chart although mentioned by pain management progress note, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. There was no evidence of objective functional gains with the use of norco. The patient had constipation and upset stomach with medications. The patient had a SCS placed but should have continued weaning down of Percocet dosage given that she is also on Duragesic patch. The patient's MED equivalents far exceed the limit recommended by MTUS. Part of her dosage is received through private insurance rather than worker's compensation. Therefore, the request is considered not medically necessary.

**Percocet 10/325 mg, eighty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86-87.

**Decision rationale:** The request is not medically necessary. The patient has been taking percocet for ankle and wrist pain. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of percocet. Urine drug screen results were mentioned in progress notes but the actual results were not available in the chart. There are no drug contracts included in the chart although mentioned by pain management progress note, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. There was no evidence of objective functional gains with the use of norco. The patient had constipation and upset stomach with medications. The patient had a SCS placed but should have continued weaning down of Percocet dosage given that she is also on Duragesic patch. The patient's MED equivalents far exceed the limit recommended by MTUS. Part of her dosage is received through private insurance rather than worker's compensation. Therefore, the request is considered not medically necessary.