

Case Number:	CM15-0120314		
Date Assigned:	06/30/2015	Date of Injury:	03/02/2003
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

This 65 year old female sustained an industrial injury to bilateral upper extremities on 3/2/03. Previous treatment included injections, bracing, home exercise and medications. In a progress note dated 8/12/13, the injured worker complained of pain 9/10 to bilateral shoulders and wrists. In a progress note dated 4/29/15, the injured worker complained of pain to bilateral upper extremities, rated 8/10 on the visual analog scale with use of Percocet at 9am. The physician noted that the injured worker was currently maintained on 3-4 Percocet per day. The injured worker stated that Percocet reduced her pain during flare-ups from 7-8/10 to 4/10 and lasted approximately 4-8 hours. The injured worker previously reported ongoing difficulty weaning down Percocet to a max of three per day due to ongoing flare-ups and inability to regain control of pain when using less pain medications. The injured worker remained active with running errands, taking her granddaughter to school and performing yard work. The injured worker had recently starting walking four blocks for daily exercise. The injured worker was unable to return to work due to ongoing flare-ups of chronic pain with use of bilateral upper extremities. Physical exam was remarkable for tenderness to palpation at bilateral metacarpophalangeal joints and positive sensory deficits throughout all five right fingers. The injured worker was unable to maintain a grip. Current diagnoses included cervical pain, bilateral hand and arm neuropathic pain, bilateral hands and forearm tenosynovitis, left shoulder pain and mild left carpal tunnel syndrome. The injured worker had been prescribed Percocet since at least 7/15/13. The treatment plan included refilling medications (Percocet, Celecoxib, Flector patch and Cymbalta). It was noted that Lyrica and gabapentin was discontinued for causing constipation although the IW was utilizing opioids concurrently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient did not fail NSAIDs treatment. The patient had been on chronic opioid medications for many years. The guidelines recommend that anticonvulsants be utilized for the treatment of neuropathic pain. The anticonvulsant medications were discontinued for easily treatable minor side effect of constipation that could be attribute to other medications being used concurrently including Percocet. The criteria for the use of Percocet 10/325mg #75 was not met. The request is not medically necessary.