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| Case Number: | CM15-0121706 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 10/30/2006 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old male patient who sustained an industrial injury on 10/30/2006. The injured worker performed job duties of a foreman carpenter. A more recent primary treating office visit dated 01/22/2015 reported the patient with subjective complaint of having unchanged intermittent right elbow pain. He states needing refills for Oxycodone, Gabapentin and Tizanidine. He reports having side effects of constipation and that the Tizanidine makes him space out having a dry mouth and headache. He is unable to tolerate work activities and reports that since last visit activities of daily living and mobility have become increasing more difficult and limiting. He uses bilateral shoe orthotics and is taking Percocet 10/325mg 2-3 tabs daily MDD 3. The following diagnoses were applied: tendinoligamentous injury, right elbow; lateral epicondylitis, right elbow; cubital tunnel syndrome, right elbow; tendinoligamentous injury, right wrist, and carpal tunnel syndrome, right wrist. The patient is to return to a modified job duty and if not available then to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, take 2-3 a day daily, 3 max, #90 with 1 refill (prescribed 05/21/15):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone/acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months in combination with NSAIDs with decreasing pain response (prior 2/10 with medications and now 5-8/10). Long-term use is not indicated. Failure of Tylenol use or weaning attempt was not noted. In addition, the claimant is developing constipation. The continued use of Percocet is not medically necessary.

Senna S 8.6/50mg take 1-4 at Bedtime, #120, No Refills (Prescribed 05/21/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, the constipation is likely due to the long-term use of Percocet. The Percocet is no longer medically necessary. As a result, the symptoms are likely to improve eliminating the necessity of additional use of Senna laxative.