

Case Number:	CM15-0123946		
Date Assigned:	07/08/2015	Date of Injury:	12/08/2005
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 67 year old female, who sustained an industrial injury on 12/08/2005. She reported cumulative traumatic injuries to the left wrist and low back, and bilateral knees. Diagnoses include left wrist fracture, cervical sprain lumbar strain, degenerative disc disease, chronic knee pain status post right knee arthroscopy x 3 and left knee arthroscopy x 3. Treatments to date include activity modification, physical therapy, aquatic therapy, therapeutic injections including Synvisc joint injections, epidural steroid injections and facet blocks. Currently, she complained of ongoing pain in the shoulder, knees, and hands. The pain was rated 9/10 VAS without medication and 4/10 VAS with medications. On 5/11/15, the physical examination documented limited range of motion in bilateral upper extremities. Hawkin's sign and Neer's sign were positive, as were Tinel's sign and Phalen's sign. The plan of care included Percocet 10/325mg, one tablet every four hours as needed #120, and Flexeril 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are shoulder, hand pain, chronic pain and myalgia and myositis. The date of injury is December 8, 2005. The request for authorization is June 9, 2015. The earliest progress note containing a Percocet 10/325mg prescription is needed September 6, 2013. According to a June 19, 2014 progress note, a clinical entry indicates as of November 19, 2013 the injured worker was taking both Flexeril and Zanaflex. The most recent progress note in the medical record dated June 8, 2015 subjectively states the injured worker has ongoing pain in the shoulders, knees and hands. The injured worker was unable to fill Robaxin (Methocarbamol). The documentation indicates the injured worker is taking both Robaxin and Flexeril. There is no clinical rationale for two muscle relaxants. The injured worker is reportedly taking both Percocet and OxyContin. Urine drug screen was positive for hydrocodone on April 13, 2015. The injured worker does not take hydrocodone. Percocet 10/325mg first appears in a progress note dated September 6, 2013. There are no risk assessments, detailed pain assessments for documentation demonstrating objective functional improvement with the ongoing use of Percocet. Additionally, as noted above the injured worker is taking OxyContin. Consequently, absent clinical documentation demonstrating objective functional improvement, risk assessments, detailed pain assessments and attempted weaning, Percocet 10/325mg #120 is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for

neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are shoulder, hand pain, chronic pain and myalgia and myositis. The date of injury is December 8, 2005. The request for authorization is June 9, 2015. The earliest progress note containing a Percocet 10/325mg prescription is needed September 6, 2013. According to a June 19, 2014 progress note, a clinical entry indicates as of November 19, 2013 the injured worker was taking both Flexeril and Zanaflex. The most recent progress note in the medical record dated June 8, 2015 subjectively states the injured worker has ongoing pain in the shoulders, knees and hands. The injured worker was unable to fill Robaxin (Methocarbamol). The documentation indicates the injured worker is taking both Robaxin and Flexeril. There is no clinical rationale for two muscle relaxants. The injured worker is reportedly taking both Percocet and OxyContin. Urine drug screen was positive for hydrocodone on April 13, 2015. The injured worker does not take hydrocodone. Percocet 10/325mg first appears in a progress note dated September 6, 2013. There are no risk assessments, detailed pain assessments for documentation demonstrating objective functional improvement with the ongoing use of Percocet. Additionally, as noted above the injured worker is taking OxyContin. Consequently, absent clinical documentation demonstrating objective functional improvement, risk assessments, detailed pain assessments and attempted weaning, Percocet 10/325mg #120 is not medically necessary.