

<b>Case Number:</b>	CM15-0177030		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/06/2001
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 12-6-01. The injured worker was diagnosed as having elbow pain; extremity pain; hand pain; wrist pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker complains of bilateral upper extremity pain. The provider documents the injured worker's pain intensity with medications as "8.5 on a scale of 10. Patient rates his pain without medications as 10 on a scale of 1 to 10. No new problems or side-effects. Quality of sleep is fair. He is not trying any other therapies for pain relief. He denies any new injury since last visit. Activity level has remained the same. The patient is taking his medications as prescribed. He states that medications are working well. No side effects reported." The current medications are listed by the provider as: Senokot 187mg tab 2 daily; Pristiq 50 mg 1 daily; Trazadone 100mg 2 at bedtime; Zofran ODT 8mg 1 twice daily as needed; Clonazepam 0.5mg one half tab twice daily as needed; Celebrex 200mg 1 daily; Gabapentin 300mg 1-2 at bedtime as needed; and Percocet 10-325mg 1 every 6 hours as needed for pain (maximum 4 a day). The injured workers surgical - medical history notes he is a status post right digit 3 trigger point injection on 9-2009 - excellent result is documented by the provider and on 10-26-2010: trigger finger surgery took place. The provider documents "1-27-14 Urine Toxicology Report: Consistent (patient taking clonazepam sparingly), negative for ETOH. 11-4-13 Urine Toxicology Report: positive for ETOH, consistent with medication; 5-22-13 Urine Tox appropriate." Objective Findings (Physical Exam) are documented by the provider as: "The patient appears to be depressed, moderately ill-appearing and in mild pain. He has good communication ability. He

does not show signs of intoxication or withdrawal. Patient ambulates without a device. Gait of the patient is normal. Left Elbow: Inspection of elbow joint reveals swelling and surgical scar. Range of motion is restricted with limited by pain. Tenderness to palpation is noted over the lateral epicondyle and medial epicondyle. Hyperparesthesias to touch of medial condyle. Wrist: Right: inspection of wrist joint reveals swelling and surgical scar on dorsal aspect of 1st digit with notable swelling and reported tenderness with palpation. Range of motion is restricted with limited ROM of 1st digit in all planes. Phalen's sign is negative. Tinel's sign is negative. Tenderness to palpation is noted over first dorsal compartment. Approximately 1 cm soft movable mass to ulnar region on volar surface of wrist with reported tingling up dorsal surface of hand with palpation. Left: Inspection of the wrist joint reveals no erythema, swelling, symmetry, atrophy or deformity. Phalen's sign is negative. Tinel's sign is negative. Hand: right - inspection of the hand reveals swelling over the thenar eminence. Painful range of motion with flexion at metacarpophalangeal joint of the thumb limited to 5 degrees. Temperature is decreased over the hand. Tenderness to palpation is noted over the thenar eminence." The provider continues his "Motor examination: Motor testing is limited by pain. Sensory examination: on sensory examination, dysesthesias are present over medial hand, lateral hand and medial forearm, lateral forearm on both the sides. Fine tremor notes to BUE." The provider's treatment plan included a consult with orthopedic specialty and MRI of the right wrist to further evaluate mass (scheduled 8-10-15). He has requested psychotherapy consult to evaluate psych pharmacotherapy and sessions due to his depression. Psychotherapy sessions were denied. He is wearing bilateral wrist splints. He notes the injured worker has "been on Percocet since 8-14-14." With this medications patient has increased use of his upper extremities. He is able to live alone and complete ADL's such as cooking, cleaning, and grocery shopping and self-care such as showering and toileting. The provider notes "patient has seen greater than 30% improvement in function since initiating this medication with significant decreased in elbow sensitivity. Patient has previously trialed and failed Lyrica." A Request for Authorization is dated 9-9-15. A Utilization Review letter is dated 8-13-15 and non-certification was for Percocet 10-325mg #90. Utilization Review denied the requested medication- Percocet 10-325mg for not meeting the CA MTUS and ODG Guidelines. The Utilization Review Letter states "It appears that the patient is not a candidate for Percocet. Recently, review 1141300 continued weaning Percocet due to an overall lack of improved pain and function. At that time, Percocet was tapered to #30 as a continuation from prior weaning recommendations. Currently, there has been only a 10% decreased in the patient's pain with his current medication regimen. Weaning was initiated with review 1136257 at a rate of 25% or 30 tablets a month. Therefore, the patient has had sufficient time to wean from the opioid medication indicating it is no longer medically necessary." The provider is requesting authorization of Percocet 10-325mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The current request is for PERCOCET 10/325MG #90. Treatment history includes right digit 3 trigger point injection on 2009, physical therapy and medications. The patient is permanent and stationary and is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/06/15, the patient presents with increasing burning pain with a soft tissue mass on the ulnar region of the wrist. He reports tingling up the dorsal surface of the hand with palpation. Examination revealed tenderness and painful ROM in the upper extremities. There is notable swelling on the dorsal aspect of the 1st digit. The patient has been prescribed Percocet since 08/14/14. The patient reports pain as 7/10 with medications and 10/10 without medications. The last UDS was from June 2015. He states that medications are working well, with no side effects reported. The treater states that the patient is able to live alone and complete ADL's such as cooking, cleaning, and grocery shopping and self-care such as showering and toileting." The patient states that without medications his burning pain with numbness and tingling is so severe he is unable to maintain ADLs and he would be bedridden and in a deeper depression. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.