

Case Number:	CM13-0049306		
Date Assigned:	12/27/2013	Date of Injury:	05/15/2008
Decision Date:	03/06/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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 patient is a 49-year-old male who reported injury on 05/15/2008. The mechanism of injury was stated to be the patient's right wrist and upper extremity had been hurting, but on that day a growth on the wrist became more apparent and the patient sought medical care. The patient was noted to have pain of a 6/10. It was noted the patient continued to take Percocet to reduce the severity of pain in bilateral elbows, and while the pain never totally abated, the current dose and frequency allowed the patient for increased function and mobility, and the patient denied side effects or adverse reactions. The patient's diagnosis was noted to be medial epicondylitis of the elbow. The request was made for a Percocet refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78 and 86.

Decision rationale: California MTUS Guidelines recommend Oxycodone/Acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4

A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated the patient was having no side effects and did not have aberrant drug-taking behavior. It was indicated the current dose and frequency allowed the patient for increased function and mobility and to reduce the severity of pain. However, there was a lack of objective documentation of increased function and objective pain relief. Given the above, the request for Percocet 10/325mg qty 90 is not medically necessary.