

Case Number:	CM13-0054806		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2012
Decision Date:	05/29/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 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/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 55 year old man who sustained a work related injury on May 21 2012. Subsequently, he developed a chronic left wrist pain and weakness. According to a note dated on October 22 2013, his physical examination showed left wrist weakness. The patient was treated with pain medications and activity modification. The provider requested authorization for the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG, #120, ONE EVERY 6 HOURS FOR PAIN CONTROL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: According to California MTUS guidelines, Percocet is a short acting opioids is seen an effective medication to control pain. According to MTUS guidelines, ongoing use of opioids should follow specific rules: "Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Office: Ongoing review and documentation of pain relief, functional

status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear evidence and documentation from the patient file, for a need for more narcotic medications. The patient was already on Percocet without efficacy on managing the pain. Therefore, the prescription of Percocet 10/325 is not medically necessary.

ANDROGEL 1.62%, #150, 4 PUMPS EVERY DAY FOR IMPROVED MUSCLE STRENGTH AND PAIN CONTROL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internet Drug Index, Androgel.

Decision rationale: AndroGel 1% is an androgen indicated for replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone. There is no documentation that the patient developed hypogonadism. Therefore, the prescription for Androgel 1% is not medically necessary.