

<b>Case Number:</b>	CM14-0008089		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 62 year old male who is reported to have sustained work related injuries on 05/22/13. The mechanism of injury is not described; however, it is presumed to be cumulative trauma. The submitted clinical records indicate that the injured worker is status post a left carpal tunnel release performed on 02/12/14. The injured worker is status post a right carpal tunnel release and 1st and 4th trigger finger releases on 11/13/13. The submitted records are largely most work status reports and do not provide a detailed physical examination. The record contains a utilization review determination in which requests for Percocet 5/325mg #30 and Relafen 750mg #60 were non-certified on 12/31/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RELAFEN 750 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The request for Relafen 750mg #60 is not supported by the submitted clinical information. The available records indicate that the injured worker is a 62 year old male

who apparently developed bilateral carpal tunnel syndrome and triggering of the 1st and 4th fingers of the right hand. Records indicate that the injured worker is status post surgical intervention. The record contains no clinical documents from which to justify the use of this medication. As such, the medical necessity is not established.

**PERCOCET 5/325 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** The request for Percocet 5/325mg #30 is not recommended as medically necessary. The submitted clinical records consist of work status reports and do not provide detailed information regarding the use of this medication. The injured worker is greater than 4 months postoperative and would not require opiate medications. In the absence of more detailed medical information, medical necessity has not been established for the continued use of this oral medication.