

Case Number:	CM14-0100382		
Date Assigned:	09/16/2014	Date of Injury:	09/01/2011
Decision Date:	10/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of September 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; wrist bracing; and work restrictions. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for Percocet. The applicant's attorney subsequently appealed. In a progress note dated September 9, 2014, the applicant reported persistent complaints of hand and wrist pain status post recent hand and wrist surgery. Occupational therapy, Motrin, and splinting were endorsed. The applicant was placed off of work, on total temporary disability. The applicant was asked to follow up in six days for suture removal purposes. On August 12, 2014, the applicant was described as seven weeks status post lunotriquetral arthrodesis of the right wrist. Ultram and a wrist brace were endorsed while the applicant was placed off of work, on total temporary disability. On June 20, 2014, the applicant underwent a right wrist ECU tenosynovectomy and right wrist arthrodesis with distal radial bone graft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #10: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Criteria for Use of Opioids: Therapeutic Trial of opioids; Opioids, specific drug list

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 271..

Decision rationale: Based on the timing of the request and date of the Utilization Review Report, June 6, 2014, this appears to have been a request for postoperative/perioperative usage of Percocet following a right wrist fusion surgery and tenosynovectomy procedure of June 20, 2014. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 271, a short course of opioids such as Percocet is deemed "optional" in the management of hand and wrist complaints. In this case, the applicant was set to undergo a fairly major risk fusion surgery on or around the date of the Utilization Review Report, June 6, 2014. One could reasonably or plausibly expect the applicant to have moderate-to-severe perioperative pain on or around the dates in question. Introduction of Percocet was appropriate to combat the same. Therefore, the request was medically necessary.