

Case Number:	CM14-0103620		
Date Assigned:	09/16/2014	Date of Injury:	07/19/2010
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 injured worker is a female with a date of injury of 7/19/2010. Per workers' comp post-op note dated 4/24/2014, the injured worker's right medial elbow wound is healing well. There is no evidence of infection or compromise at all. She no longer has the severe pain along the right medial anti-brachial cutaneous nerve distribution. She is still experiencing some scar pain, especially along the distal margin of the incision. However, there is no evidence of swelling and dystrophic changes. There is no wound compromise at all. With the current aggressive therapy, she feels that the strength and dexterity of the right is improving. However, she now complains of painful triggering of the right ring and little fingers. Since the surgery, she noticed some pain, stiffness, and swelling of the right ring and little fingers, especially in the morning, with occasional triggering and pain. She does have some focal tenderness of the right ring and little fingers A1 pulley areas, and passive IP joint flexion elicited locking with painful manual reduction. Diagnoses include 1) trigger finger 2) joint pain hand 3) joint pain forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet, 7.5/325 mg, QTY:100.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS SECTION, WEANING OF MEDICATIONS SECTION Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. The injured worker has been taking opioid pain medications since at least October 2013. She had surgery on 3/31/2014. The prior prescription for Percocet had been modified from Percocet 7.5/325 mg #100 with 1 refill to Percocet 7.5/325 mg #100 with 0 refills to allow for treatment and weaning. Now this prescription is made with no mention of weaning. The clinical note indicates that there is no longer severe pain; however there is no reduction in the amount of opioid pain medication being provided. The efficacy of Percocet is not addressed in terms of pain reduction and functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Percocet, 7.5/325 mg, QTY: 100.00 is determined to not be medically necessary.