

Case Number:	CM14-0178762		
Date Assigned:	11/03/2014	Date of Injury:	05/20/2013
Decision Date:	12/09/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/28/2014

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 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, forearm, and upper extremity pain reportedly associated with an industrial injury of May 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier right forearm ORIF surgery; earlier right carpal tunnel release surgery; a skin graft; extensive occupational therapy; and opioid therapy. In a Utilization Review Report dated October 11, 2014, the claims administrator partially approved a request for Percocet, apparently for weaning or tapering purposes. The applicant's attorney subsequently appealed. In an October 28, 2014 progress note, the applicant reported ongoing complaints of right upper extremity and hand pain, 4-7/10. The applicant stated that he was using 3600 mg of gabapentin daily, along with three tablets of Percocet 10/325 daily. The attending provider stated that the medications were allowing the applicant to function but did not elaborate or expound upon the same. The applicant's BMI was 32. A hypertrophic scar was noted about the right forearm with residuals of the skin graft. Both Percocet and Neurontin were renewed. A stellate ganglion block was sought. The applicant's work status was not furnished. In a September 30, 2014 progress note, the applicant was again described as using nine gabapentin tablets daily. 5-9/10 pain was appreciated. The applicant stated that he was able to perform activities of daily living including dishes, cooking dinner, and perform other activities of daily living with ongoing medication consumption. Both gabapentin and Percocet were renewed. The attending provider posited that the applicant's ability to grip and grasp with the injured hand was ameliorated. In an earlier note dated September 2, 2014, the applicant again reported pain ranging from 5-9/10, ameliorated by 50% with medications. The applicant stated that his ability to do dishes, cook dinner, grip, and perform other activities of daily living was ameliorated with ongoing medication consumption,

including ongoing Norco and Percocet usage. It was stated that the applicant was able to drive short distance in the order of 10-15 miles, again reportedly ameliorated with medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment; Weaning of Medications..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant's work status has not been discussed, the attending provider has stated on several occasions that ongoing medication consumption, specifically ongoing Percocet consumption has reduced the applicant's pain score by 50% and is facilitating the applicant's ability to grip, grasp, cook dishes, and perform other activities of daily living. The applicant's pain scores have consistently been described as ameliorated with ongoing Percocet consumption. Continuing the same, on balance, does appear to be indicated as Percocet is seemingly generating an appropriate reduction in pain scores and an appropriate improvement in terms of performance of activities of daily living. Therefore, the request is medically necessary.