

Case Number:	CM14-0022517		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2000
Decision Date:	07/21/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 05/15/2011 due to a cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her left upper extremity. The injured worker's treatment history included physical therapy, multiple medications, a TENS unit, H-wave therapy, and acupuncture. The injured worker was evaluated on 04/04/2013. It was documented that the injured worker had a positive impingement sign and adduction test of the left shoulder with positive tenderness to the acromioclavicular joint. The injured worker had positive Tinel's and Phalen's signs to the left wrist and decreased sensation of the left-sided digits of the hand. The injured worker's medications included naproxen 550 mg, Prilosec 20 mg, Terocin lotion 120 mL, and tramadol extended release 150 mg. The injured worker's diagnoses included pain in the left shoulder, numbness and tingling in the bilateral hands, and pain in the bilateral wrists. The injured worker's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested Percocet 10/325 mg #180 is not medically necessary or appropriate. The injured worker was evaluated on 10/18/2013. It was documented that the injured worker was status post left cubital tunnel release and left carpal tunnel release. Objective physical findings included signs or symptoms of infection with decreased range of motion of the left elbow secondary to pain. A request was made for Percocet 10/325 #80, but no justification for the request was provided. A review of the reference does not provide a treatment history that includes the use of Percocet 10/325 mg. Chronic Pain Medical Treatment Guidelines recommends initiation of the use of an opioid after all lower levels of medication have been exhausted. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first line treatments to include anticonvulsants and antidepressants. Therefore, the need to initiate opioid therapy with Percocet 10/325 mg #180 is not clearly indicated. Additionally, there was no justification within the documentation to support adding this medication to the injured worker's treatment schedule. As such, the requested Percocet 10/325 mg #180 is not medically necessary or appropriate.