

Case Number:	CM14-0174473		
Date Assigned:	10/27/2014	Date of Injury:	06/08/2012
Decision Date:	01/21/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with the injury date of 06/08/12. Per physician's report 9/12/14, the patient has pain in her neck and right shoulder. The patient rates her pain as 4-6/10, depending on the intake of medications. The patient feels aggravation of pain in the left elbow due to the overcompensation of the right. The lists of diagnoses are: 1) Cervical sprain. 2) Myofascial pain. 3) Right shoulder sprain. 4) S/P right elbow surgery times 4. Status post total replacement of the right elbow. 5) CRPS right side? 6) Anxiety/stress. 7) Insomnia. The patient returns to modified work duties as of 09/12/14 with restrictions of no repetitive gripping/grasping with the right hand. The treater prescribes Percocet 5/325 mg one p.o., q. 12 hours as needed for severe pain. Per 08/15/14 progress report, there is tightness in trapezius, paravertebral muscles and rhomboids. There is slight atrophy of the right forearm muscles. There is no evidence of carpal tunnel syndrome. Per 07/18/14 progress report, the patient continues to have aggravation of the pain in the right wrist, right elbow and right shoulder. The patient complains of numbing sensations in her right fingers. The patient rates her pain as 6-7/10. "The patient has not received any medication; therefore, she has had no form of pain relief." Per the utilization review letter 10/06/14, the patient has been on opioids since 06/14. There is no functional improvement or a decrease in pain. The request for Percocet #60 was modified to #39 "for the sole purpose of initiating as a safe weaning/ tapering process as soon as possible." Treatment reports were provided from 05/16/14 to 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78.

Decision rationale: The patient presents with pain in her neck, right shoulder and arms. The patient is status post 4 right elbow surgeries with elbow replacement in the past. The request is for Percocet 5/325 mg #60. None of the reports indicate the names of medications. Per the utilization review letter 10/06/14, the patient has been on opioids since June 2014, and the treater prescribed Percocet on 9/12/14 indicating that the patient has returned to modified duty. On 7/18/14, the treater indicates, however, that the patient has not received any medications and has had no pain relief. Regarding initiating opiates, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, it would appear that the patient has returned to modified duty and continues to be symptomatic with chronic pain. The review of the reports does not show that the patient has been able to trial Percocet. Trial of this medication would appear reasonable given the patient's chronic pain, particularly the elbow replacement with on-going nociceptive and mechanical pain. The request is medically necessary.