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| Case Number: | CM14-0178886 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 08/07/2006 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 10/15/2014 |
| 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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

71y/o male injured worker with date of injury 8/7/06 with related left hand/wrist pain. Per progress report dated 10/30/14, the injured worker was 6 weeks post-op carpal tunnel release. It was noted that his hands ached and were a little stiff by the end of the day. Per physical exam, he had full range of motion of his fingers. Sensation was intact. There was a little scar thickening, the scar was tender. Per progress report dated 9/24/14, the injured worker presented with buttock, bilateral upper and lower extremity pain with radiation to his bilateral superior and posterior hip area with bilateral upper anterior thigh numbness and tingling. The date of UR decision was 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg 1-2, QD-QID prn pain #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for

ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals conflicting information. Per progress report dated 9/24/14, the injured worker rated his pain 9-10/10, however, it was noted that this medication reduced his pain by 50-60% for 2-4 hours depending on activity. The onset was 60 minutes. It was needed for post-op pain, but left CTR pain was decreasing. It was noted that with medication he was able to walk longer and able to drive. Review of CURES report 6/27/14 indicated a prescription from PTP on 5/6/14 related to his right shoulder surgery. It was discussed with him and he was reminded to have only 1 provider for pain medications. The last urine drug screen was ordered 6/27/14, with results pending. Part of the intent of the medications was to treat acute postop pain. As the request is to allow for weaning over the next three months, it is medically necessary.