

<b>Case Number:</b>	CM14-0190515		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/27/2006
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Emergency Medicine, and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 06/27/2006. Her diagnoses included chronic left wrist pain, abnormality in the left ulnar styloid, and abnormalities at the MCP joint with mild arthritic changes. The injured worker's past surgeries included neurolysis of the radial nerve left distal forearm with the release of the first extensor compartment in 12/2007. Due to family issues the injured worker was unable to manage an appointment for medications. Her complaints on 10/01/2014 was the inability to perform her regular activities due to her overall pain and lack of medications. Her pain was increased with range of motion. Upon physical examination, the injured worker had tenderness in the bilateral upper extremities with superficial tenderness along the left upper extremity. Her bilateral grip strength was weak to the upper extremities greater on the left side. Her medications included Percocet 5/325 mg 1 to 2 tablets daily, Ultram 50 mg 1 to 3 tablets daily, Prilosec 20 mg as needed, Ambien 5 mg at bedtime, Zanaflex 4 mg twice daily as needed, Phenergan 25 mg twice daily as needed, Lidoderm patch, and Lactulose solution 1 to 2 tablespoons 1 to 2 times a day. Treatment plan included prescriptions, a urine drug screen, current exercises, and a follow-up in 3 months. The rationale for the request was due to pain and lack of medications. The Request for Authorization form was dated 10/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Percocet 5/325mg #60 (do not fill until 11/1/2014) with 1 refill (do not fill refill until 12/1/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids On-Going Management Page(s): 92,97,78.

**Decision rationale:** The request for (1) Prescription of Percocet 5/325mg #60 (do not fill until 11/1/2014) with 1 refill (do not fill refill until 12/1/2014) is not medically necessary. The California MTUS Guidelines indicate that oxycodone is a potentially addictive opioid analgesic medication. While Percocet is indicated for moderate to severe pain, and the injured worker was diagnosed with chronic pain, there was no documentation of the efficacy of the medication with verifiable quantitative results. Additionally, the cited guidelines recommend the continued use of analgesics is warranted with the documentation of functional gains. However, no evidence of objective functional gains were submitted. Furthermore, the request as submitted failed to indicate the frequency of use. As such, the request for (1) Prescription of Percocet 5/325mg #60 (do not fill until 11/1/2014) with 1 refill (do not fill refill until 12/1/2014) is not medically necessary.