MAXIMUS Federal Services

Case Number:	CM14-0194021		
Date Assigned:	12/01/2014	Date of Injury:	10/13/2010
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation, 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 54-year-old female with a date of injury of 10/13/2010. Per treating physician report 10/16/2014, the patient presents with bilateral upper extremity complaints. The patient reports a recent increase in right shoulder pain that started a few days ago. There is burning, numbness, and shooting sharp pain. Present pain score is 6/10. The patient is taking gabapentin which helps her to relax, so she can sleep, and Percocet to manage pain in order to maintain her level of function. The patient states that Percocet decreases the pain by 30%. The patient denies side effects from medication. Current medication regimen includes Gabapentin, Percocet 5 mg, and Trazodone 50 mg. Examination of the upper extremities revealed decreased shoulder ROM, flexion is limited to 150 degrees and abduction which is limited to 90 degrees in the right. The patient is permanent and stationary. The listed diagnoses are carpal tunnel syndrome, shoulder-hand syndrome, and chronic pain syndrome, disorder of bursa of shoulder region, complex regional pain syndrome and depressive disorder. Treatment plan is for refill of medications. The utilization review denied the request on 10/30/2014. Treatment reports from 03/28/2014 through 11/21/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

Decision rationale: This patient presents with chronic upper extremity complaints. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed Percocet since at least 03/28/2014. Progress reports note that Percocet is utilized to manage patient's pain in order to maintain her level of function. Report 06/24/2014 states that medications provide "an alleviating factor, and the patient is able to bake, cook, dress, and perform housekeeping with minimal to moderate assistance from others." The patient requires maximal assistance from others for driving and shopping. With Percocet, pain is decreased on average 30%. Patient has no side effects to medications, and a urine drug screen was performed on 03/28/2014. In this case, the treating physician has documented specific functional improvement with the using Percocet. There are no side effects and UDS was consistent with medications prescribed. The requested Percocet is medically necessary.