

<b>Case Number:</b>	CM15-0009102		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 57 year old female, who sustained an industrial injury on March 19, 2008. The injured worker has reported left wrist pain. The diagnoses have included chronic pain syndrome, neck pain, hand joint pain, neuropathic pain and paresthesia. Treatment to date has included pain medication, urine drug screening, wrist splint, nerve blocks, sacroiliac joint block, facet joint block, pump implant, stimulator implant, epidural steroid injections and radiofrequency lesioning. The injured worker was also noted to have had three left wrist surgeries, unspecified. Current documentation dated December 26, 2104 notes that the injured worker complained of increasing pain and spasticity in the left hand. The pain was described as sharp, cramping, shooting, throbbing, burning and stabbing. The pain was rated a seven out of ten on the Visual Analogue Scale. Physical examination revealed the injured worker to be in moderate distress due to the left wrist pain. She was wearing a left wrist splint and tenderness to light palpation was noted over the dorsum of the left wrist. On January 8, 2015 Utilization Review modified a request for Percocet 5/325 mg # 120. The MTUS, ACOEM Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Percocet 5/325 mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines when to continue opioids Page(s): 80.

**Decision rationale:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly outlined on multiple office visits referenced above, suggesting that the applicant was/is not working. The attending provider's progress notes, furthermore, failed to outline any material improvements in function effected as a result of ongoing opioid therapy, including ongoing Percocet usage. The attending provider's commentary to the effect that the applicant was spending 25% to 50% of the day lying down in bed each day did not, furthermore, make a compelling case for continuation of Percocet. Therefore, the request was not medically necessary.