

Case Number:	CM15-0132234		
Date Assigned:	07/20/2015	Date of Injury:	07/25/2012
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female sustained an industrial injury with gradual onset of pain to the right thumb, right hand, right forearm and right shoulder reported on 7/25/12. Recent treatment consisted of splinting, home exercise and medication management. In a pain management progress note dated 5/26/15, the injured worker complained of pain in the right thumb, hand, proximal forearm and throughout the right upper extremity including the right shoulder associated with a burning sensation and paresthesia. Physical exam was remarkable for normal strength to the upper extremities with slightly limited range of motion. The injured worker performed transfers and gait without difficulty. Current diagnoses included pain in shoulder joint. The physician noted that the injured worker had recent restarted Cymbalta twice a day and ran into problems with side effects. The treatment plan included titrating Cymbalta, continuing Percocet twice a day and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60 with 1 refill: 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
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain throughout the right upper extremity, including the shoulder, forearm, hand and thumb. The request is for PERCOCET 5/325 MG #60 WITH 1 REFILL. Patient utilizes a right wrist splint. Per 05/26/15 progress report, patient's diagnosis includes pain in joint, shoulder region. Patient's diagnosis, per 07/20/15 progress report include Cymbalta and Percocet. Patient is currently working without restrictions. MTUS Guidelines page 88 and 89 states, "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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In progress report dated 07/20/15, it is stated that the patient's pain level is 3-4/10 with the use of Percocet. Percocet has been included in patient's prescriptions from 11/25/14 and 07/20/15. In this case, treater has not discussed how Percocet significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, no UDS reports, etc. There are no specific diagnosis such as neuropathic pain or on-going nociceptive pain for which chronic use of opiate would be indicated either. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.