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| <b>Case Number:</b>   | CM15-0141324 |                              |            |
| <b>Date Assigned:</b> | 07/31/2015   | <b>Date of Injury:</b>       | 02/06/2008 |
| <b>Decision Date:</b> | 09/25/2015   | <b>UR Denial Date:</b>       | 06/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/21/2015 |

### 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:

The applicant is a represented 58-year-old who has filed a claim for chronic wrist, hand, thumb, and finger pain reportedly associated with an industrial injury of February 6, 2008. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a June 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 16, 2015, the applicant underwent some form of autonomic nervous system testing, the results of which were not clearly reported. Medication selection and medication efficacy were not discussed in detail on this occasion. On April 16, 2015, the applicant presented with ongoing complaints of hand and wrist pain reportedly attributed to cumulative trauma at work. The applicant was using Lexapro, Xanax, and Percocet, it was reported. The applicant's working functions were not detailed. Medication selection and medication efficacy were not discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) 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 April 16, 2015 progress note failed to articulate the applicant's work or functional status. No seeming discussion of medication efficacy transpired. It did not appear, in short, that ongoing usage of Percocet had proven profitable in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.