

Case Number:	CM15-0143480		
Date Assigned:	08/04/2015	Date of Injury:	11/02/2004
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male who reported an industrial injury on 11-2-2004. His diagnoses, and or impression, were noted to include: status-post proximal carpectomy; status-post radial carpal fusion of the left wrist; chronic pain and post-operative pain, rule-out psuedoarthrosis; persistent left carpal tunnel syndrome without clinical evidence of psuedoarthrosis; drug dependence; and opioid-type dependence with therapeutic drug monitoring. No current imaging studies were noted; recent electrodiagnostic studies were done on 4-22-2015. His treatments were noted to include: diagnostic studies; multiple surgeries, latest being wrist fusion in 3-2014; physical therapy; acupuncture treatments; Cortisone injections; left wrist brace; medication management with toxicology studies and the weaning of Percocet since 1-2015; and rest from work. The progress notes of 6-8-2015 reported follow-up visit for medication review or refill, and that overall there was no change in his pain or quality of sleep from the previous visit. Objective findings were noted to include no acute distress, and no abnormal musculoskeletal or upper extremity assessment findings. The physician's requests for treatments were noted to include the continuation of Percocet for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #36: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, La Moreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*; 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2004 and continues to be treated for left wrist pain. When seen, he was having constant aching and pain and left hand tingling. Medications are referenced as decreasing pain from 10/10 to 7/10 although without functional improvement. Left wrist surgery was pending and a spinal cord stimulator was being considered. Physical examination findings included severe allodynia and decreased finger and wrist range of motion. There was decreased wrist strength. Percocet was prescribed and continued weaning was planned. The number of tablets was decreased from 40 to 36. The highest MED (morphine equivalent dose) in the records provided was 60 mg per day which was providing 20% pain relief. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications were providing a three point decrease in pain, although without functional improvement. Further surgery was being planned and a lack of functional improvement could be attributed to potentially surgically correctable impairment of the thumb. Weaning to the lowest effective dose was being continued. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.