

Case Number:	CM15-0149514		
Date Assigned:	08/12/2015	Date of Injury:	01/23/2014
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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:

The injured worker is a 37 year old female, who sustained an industrial injury on 1-23-2014. The mechanism of injury occurred while taking out the trash. The injured worker was diagnosed as having pain in hand joint, chronic pain syndrome and reflex sympathetic dystrophy of the upper limb. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, therapy and medication management. In a progress note dated 7-9-2015, the injured worker complains of right elbow pain rated 9 out of 10 radiating to the left arm with joint swelling. Physical examination showed tenderness in the bilateral elbows right wrist and fingers and right cervical tenderness. The treating physician is requesting Percocet 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 30, every day: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Percocet 10/325 mg Qty 30, every day. The RFA is dated 07/10/15. Treatment to date has included acupuncture, therapy and medication management. The patient remains on modified duty. MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities". In a progress note dated 7-9-2015, the patient presents with right elbow pain that radiates to the arm with joint swelling. Physical examination showed tenderness in the bilateral elbows right wrist and fingers and right cervical tenderness. Reports dating back to 02/15/15 notes that the patient is taking Topiramate and no opioids. On 04/17/15 Terocin patches was added to the patient's medications. On 07/09/15, the patient reported pain as "9/10," with difficulty sleeping due to pain and poor quality of life and Percocet was recommended. This is an initial request for medication. This patient presents with significant pain rated 9/10 despite using the medications Topiramate and Terocin patches. Initiating a new medication to bring down the patient's pain and increase his function, is reasonable. This request is medically necessary.