

<b>Case Number:</b>	CM15-0149831		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/06/2006
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 64-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 6, 2006. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a June 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant reported ongoing complaints of right wrist and right upper extremity pain. The attending provider posited that the applicant's medications were ameliorating his ability to groom and dress. The applicant stated that she still had to obtain assistance from family members to perform some of these tasks. The applicant was obese, with a BMI of 33, it was reported. The applicant was given a presumptive diagnosis of complex regional pain syndrome (CRPS). Percocet was renewed. The applicant's work status was not detailed, although it did not appear that the applicant was working. In an October 23, 2014 progress note, the applicant was again given a refill of Percocet. The attending provider stated that the applicant was deriving 50% analgesia as a result of ongoing medication consumption. The applicant reported difficulty gripping and grasping and was apparently using a cane to move about, it was acknowledged. Once again, the applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5mg-325 #150 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** 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 reported on multiple office visits, referenced above, including on June 17, 2015, suggesting that the applicant was not, in fact, working. While the attending provider did report a 50% reduction in pain scores as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to report the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's commentary of June 17, 2015 to the effect that the applicant still required the assistance of her family members to dress herself at times. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request was not medically necessary.