

Case Number:	CM15-0189204		
Date Assigned:	10/01/2015	Date of Injury:	11/02/1995
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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 62 year old female, who sustained an industrial injury on November 2, 1995. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cubital tunnel syndrome, status post cervical spine surgery times two, right wrist sprain and strain and complex regional pain syndrome of upper extremity. Treatment to date has included surgery and medications. On July 17, 2015, the injured worker complained of constant right elbow and wrist pain with associated tingling and numbness in the right hand. The pain was rated as an 8 on a 1-10 pain scale. The treatment plan included Butalbital-APAP-Caffeine, Soma, Percocet, Lunesta and a follow-up visit in four to six weeks. On August 28, 2015, utilization review denied a request for Percocet 5-325mg #60. A request for one follow up visit in six weeks was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Percocet 5/325MG #60. Treatment to date has included cervical spine surgery x2, physical therapy, right wrist sleeve, injections and medications. The patient is not working. MTUS, criteria for use of opioids Section, pages 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, criteria for use of opioids Section, 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, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/17/15, the patient presents with of constant right elbow and wrist pain with associated tingling and numbness in the right hand. The pain was rated as an 8 on a 1-10 pain scale. The treater recommended a refill of medications. The patient has been prescribed Percocet since 06/01/15. Report 07/2015 states that the patient is being evaluated for medication management and a UDS was administered. There is no discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid, either. All the 4As have not been addressed as required by MTUS. This request is not medically necessary and recommendation is for slow weaning per MTUS.