

<b>Case Number:</b>	CM15-0026548		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 53 year old male, who sustained an industrial injury on 5/20/13. He has reported right arm injury. The diagnoses have included chronic pain syndrome, crushing injury of forearm, therapeutic drug monitoring, RSD of upper extremity, persistent right median nerve dysfunction and status post right forearm ORIF, acute carpal tunnel release and skin grafting. Treatment to date has included physical therapy, oral medications, e surgeries to right forearm and occupational therapy. Currently, the injured worker complains of right upper extremity pain. Progress note dated 12/29/14 noted the injured worker has not been in physical therapy for one and a half months and pain has elevated since and is requiring more Percocet. Right upper extremity scarring with atrophy in musculature, well healed incision and hypersensitivity over right forearm is noted on exam. On 1/23/15 Utilization Review submitted a modified prescription for Percocet 10/325mg #120 modified to Percocet 10/325 #75 noting the injured worker continues to be off work and is taking a first line neuropathic medication, modified prescription allowed for weaning. The MTUS, ACOEM Guidelines, was cited. On 2/8/15, the injured worker submitted an application for IMR for review of Percocet 10/325mg #120 modified to Percocet 10/325 #75.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 53 year old male has complained of right upper extremity pain since date of injury 5/20/13. He has been treated with surgery, physical therapy and medications to include opioids since at least 09/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.