

Case Number:	CM15-0032700		
Date Assigned:	02/26/2015	Date of Injury:	05/20/2013
Decision Date:	04/15/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/20/2015

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 53-year-old male who reported an injury on 05/20/2013. The mechanism of injury was the injured worker was changing a wheel and tire, when the tire exploded. The injured worker had x-rays of the arms, and both arms had forearm fractures. The following day, the injured worker underwent a right carpal tunnel release and extension of his volar forearm fasciotomy. In subsequent days, the injured worker underwent a repeat irrigation and debridement of his open wound with placement of a split thickness skin graft. The injured worker was then referred for physical therapy. The injured worker underwent an excision of most of the skin graft with FPL tenolysis and excision of a neuroma in the right medial forearm on 01/22/2014, and received therapy again. The injured worker underwent electrodiagnostic studies on 10/11/2013 and an MRI of the right hand, forearm, and elbow. The medications included Percocet 10/325 mg as of 08/7/2014. The injured worker was noted to undergo urine drug screens. There was no Request for Authorization submitted for review for the requested medications. The documentation of 01/29/2015 revealed the injured worker had complaints of pain in the right upper extremity. The injured worker indicated he had an elevation of pain due to no recent treatment. The physical therapy was noted to have stopped. The injured worker's current medications were noted to include gabapentin 400 mg 3 tablets 3 times a day and Percocet 10/325 mg 1 tablet daily every 6 hours as needed. The documentation indicated the injured worker had no side effects with the current regimen. The injured worker indicated the medications decreased pain by 40% and he could perform activities including doing dishes,

cooking dinner and ADLs. The diagnoses included chronic pain syndrome, and the treatment plan included Percocet tablets 10/325 1 tablet as needed orally every 6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Percocet 10/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Ongoing Management, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. As such, the request for one prescription of Percocet 10/325 mg # 120 is not medically necessary.