

Case Number:	CM15-0041321		
Date Assigned:	03/11/2015	Date of Injury:	11/02/2004
Decision Date:	04/21/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/04/2015

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, Hawaii

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 58-year-old male who sustained an industrial injury on 11/02/2004. Current diagnoses include status post proximal row carpectomy, status post radial carpal fusion-left wrist, and status post hardware removal-left wrist. Previous treatments included medication management, left wrist surgery 03/27/2007, psychological evaluation, injections, and home exercise program. Diagnostic studies included EMG/NCV study of the left upper extremity, and left wrist CT on 11/24/2014. Report dated 01/22/2015 noted that the injured worker presented with complaints that included constant pain left wrist. Physical examination was positive for abnormal findings. The treatment plan included authorization for second opinion hand consultation, continue pain management, confirm authorization of transportation, again request authorization for all medications, and refill Relafen.

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
Page(s): 74-96.

Decision rationale: The patient presents with chronic left wrist pain with weakness while gripping/grasping objects. The current request is for Percocet 10/325mg #120. Percocet contains a combination of acetaminophen and Oxycodone. Oxycodone is an opioid pain medication. The UR dated 1/30/15 modified the request for Percocet 10/325mg #120 to Percocet 10/325mg #65. The treating physician states on 12/30/15 (B68) "Will continue Percocet 10/325 po qid PRN breakthrough pain #120 to improve pain and function." For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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 guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. Recommendation is for denial.