

Case Number:	CM15-0043846		
Date Assigned:	03/13/2015	Date of Injury:	08/07/2006
Decision Date:	05/04/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 71 year old male, who sustained an industrial injury on August 7, 2006. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, lumbar facet syndrome, myofascial pain syndrome, and bilateral knee pain. On September 16, 2014, he underwent a repeat decompression of the left median nerve with neuroplasty of the nerve with fat graft, decompression of the left ulnar nerve at the wrist with external neurolysis of the median nerve, and application of a cast. On October 30, 2014, he underwent a lumbar medial branch neurotomy of bilateral lumbar 2 and lumbar 5. On January 15, he underwent a release of A1 pulley to treat right ring trigger finger. Treatment to date has included home exercise program, cast with arm sling, a single point cane for ambulation, urine drug screening, left long finger steroid injection, and medications including pain and non-steroidal anti-inflammatory/histamine 2 antagonist medications. On February 10, 2015, the injured worker complains of mostly unchanged pain in bilateral wrists, right shoulder, right elbow, and low back. He has a numb-like sensation around the bilateral groins. He has discomfort and a lump in the surgical region of his right trigger finger release from 3 weeks prior. He has bilateral upper and lower buttock pain that radiates to his bilateral superior and posterior hip with bilateral upper anterior thigh numbness and tingling. He has stabbing and achy bilateral carpal tunnel syndrome pain and snapping in the joint with discomfort when the right 3rd and 4th fingers are bent. The physical exam revealed normal muscle strength, positive right Tinel's, left long finger w consistent triggering and catching, and infrequent catching of the right ring finger. The treatment plan includes pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore the prescription of Percocet 10/325mg, #90 is not medically necessary.