

<b>Case Number:</b>	CM15-0088493		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/24/2002
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 57-year-old male, who sustained an industrial injury on 9/24/02. The injured worker was diagnosed as having severe damage to the flexor compartment of the right wrist resulting in multiple tendon lacerations and median nerve damage status post 2 reconstructive surgeries, persistent right wrist pain, flexion contracture deformities of the right hand, depression, and intractable pain. Treatment to date has included right wrist reconstructive surgery and medications. A report dated 3/11/15 pain was rated as 9/10 without medications and 7/10 with medications. A physician's report dated 4/8/15 pain was rated as 9/10 without medications and 6/10 with medications. The injured worker had been taking Oxycontin since at least 10/22/14 and Percocet since at least 3/11/15. A report dated 1/14/15 noted Oxycontin was tapered down from 40mg to 30mg and the injured worker was tolerating the reduction in dose well. The Percocet was also reduced from 120 tablets to 90 tablets. Currently, the injured worker complains of right hand pain. The treating physician requested authorization for Oxycontin 30mg #60 and Percocet 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg quantity 60: 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 57 year old male has complained of right wrist and hand pain since date of injury 9/24/02. He has been treated with surgery, physical therapy and medications to include opioids since at least 10/2014. The current request is for Oxycontin. 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, opiod contract and documentation of failure of prior non-opiod therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

**Percocet 10/325mg quantity 60:** 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 57 year old male has complained of right wrist and hand pain since date of injury 9/24/02. He has been treated with surgery, physical therapy and medications to include opioids since at least 10/2014. 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, opiod contract and documentation of failure of prior non-opiod therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.