

Case Number:	CM14-0211340		
Date Assigned:	12/24/2014	Date of Injury:	12/07/2010
Decision Date:	02/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/17/2014

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. The expert reviewer is Board Certified in Internal Medicine, Geriatric Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old woman with a date of injury of 12/7/10. She was seen by her primary treating physician on 12/2/14 with complaints of ongoing bilateral hand, wrist and finger pain as well as neck pain with radicular symptoms to her upper extremities. Her medications were said to provide significant relief allowing her to stay more functional. With a combination of exalgo and Percocet, her pain was reduced from 9/10 to 4/10. Her medications included exalgo, Percocet, lyrica, Relafen and ambien. Her exam showed tenderness to palpation of the paraspinal muscle of the cervical spine with limited range of motion. She had a positive Kemp's with positive increased pain in the spine that traveled to her shoulders. Her sensation was intact. Her diagnoses were tenderness to the right palm secondary to ganglion cyst removal, bilateral hand and wrist tenderness and bilateral lateral epicondylitis. At issue in this review is the request for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg qty:120.00: 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 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2010. The medical course has included numerous treatments including use of several medications including narcotics, NSAIDs and Lyrica. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Percocet to justify use per the guidelines. The medical necessity of Percocet 10/325mg qty: 120 is not substantiated in the records.