

Case Number:	CM14-0212625		
Date Assigned:	12/30/2014	Date of Injury:	03/20/2012
Decision Date:	02/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Preventive Medicine, Occupational 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:

This is a 57-year-old male with a 3/20/12 date of injury, when he felt burning pain in the groin area while moving scaffolding. The patient underwent right inguinal hernia repair on 04/30/12 and right elbow and wrist surgery in 2013. The patient was seen on 10/23/14 with complaints of hernia and right elbow pain. The pain was rated 6/10 with medications and 8/10 without medications. The patient denied any side effects from medications and his activity level remained the same. The patient has been noted to be on Norco 10-325 mg TID and Gabapentin 300mg. Exam findings revealed slowed gait, tenderness to palpation over the right medial epicondyle and right wrist, and right posterior arm scar, right elbow scar, right wrist scar and right groin scar. The patient had weakness of the right grip. The diagnosis is right inguinal hernia, elbow pain, hand pain, and wrist pain. Treatment to date: right inguinal hernia repair, ilioinguinal injections, right elbow and wrist surgery, PT, chiropractic treatment, work restrictions, and medications. An adverse determination was received on 12/09/14 given that the records did not establish any measurable functional improvement or a return to work specifically attributable to the use of opioids. In addition, the progress notes indicated that the patient's medication was last refilled on 7/6/14, and the patient stated that he " had remaining supply of medications left to last for 2 years" and according to the progress report dated 9/25/14 the patient had dispensed hydrocodone/APAP 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: Percocet contains Oxycodone and Acetaminophen. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2012 date of injury, the duration of opiate use to date is not clear. In addition, the patient has been noted to be on Norco at least from 07/2014. The reviewer's notes indicated that on 7/6/14 the patient stated that he " had remaining supply of medications left to last for 2 years". In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Lastly, the recent UDS test was not available for the review. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 5/325mg #90 is not medically necessary.