

Case Number:	CM15-0007897		
Date Assigned:	01/26/2015	Date of Injury:	04/20/2012
Decision Date:	03/19/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Ohio, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 20, 2012. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve request for Percocet. The claims administrator referenced a November 20, 2014 progress note in its determination. The applicant was described as carrying diagnoses of thumb arthritis and de Quervain's syndrome. The applicant's attorney subsequently appealed. On November 20, 2014, the applicant reported ongoing complaints of thumb, hand, and wrist pain, reportedly worsened over time. The attending provider suggested that the applicant pursue a right thumb basilar joint arthroplasty and de Quervain's release surgery. No medications were dispensed. No discussion of medication efficacy transpired on this date. Permanent work restrictions were apparently imposed. In an earlier progress note dated April 23, 2013, it was suggested that the applicant was working as a bookkeeper and clerk. On June 20, 2013, the applicant received a carpal tunnel release surgery and tenosynovectomy procedure. The remainder of the file was surveyed. The bulk of the progress notes provided contained no mention of medication selection or medication efficacy. The attending provider's progress notes do not explicitly allude to the applicant's using Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status, functional status, and response to previous usage of Percocet were not clearly outlined on the November 20, 2014 progress note. No discussion of medication efficacy transpired on that date. Therefore, the request was not medically necessary.