MAXIMUS Federal Services

Case Number:	CM15-0100087		
Date Assigned:	06/02/2015	Date of Injury:	05/20/2013
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 53 year old male patient who sustained an industrial injury on 05/20/2013. The accident was described as while working as a tire service mechanic he sustained an injury to his right forearm changing a tire and it exploded causing the patient significant injury. He was evaluated, underwent radiographic imaging, surgical intervention, second surgical procedure the following day. The wound was left opened and a wound vacuum applied and finally on 05/27/2013 he underwent debridement and irrigation with placement of a split thickness graft. He then was discharged and underwent a post-operative course of physical therapy. A primary treating office visit dated 12/29/2014 reported chief complaints of right upper extremity pain. The patient reports not having been in therapy for about a month; it did offer benefit showing with improved range of motion and performing activities with less noted pain. He states he is taking Gabapentin 400mg 9 tabs daily, Percocet 10/325mg 3 tabs daily and denies any side effects. He states the medication helps decrease the pain by about 40%. The assessment applied the following diagnoses: chronic pain syndrome; crushing injury of forearm; encounter for therapeutic drug monitoring; encounter for long term current use of medications; RSD upper extremity; persistent right median nerve dysfunction, and status post right forearm ORIF, acute carpal tunnel release and skin grafting. The plan of care involved: refilling medications, increasing Percocet to 10/325mg every 6 hours. He is recommended to continue with physical therapy as it offered improved function and increased mobility. By 03/26/2015 the patient also was with subjective complaint of encountering increasing left upper extremity pain due to compensation. There has been no change in the treating diagnoses. The spinal cord stimulator noted denied along with the physical therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opiod 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 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opiods to justify use per the guidelines. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The medical necessity of Percocet is not substantiated in the records and thus not medically necessary.