

Case Number:	CM15-0120865		
Date Assigned:	07/01/2015	Date of Injury:	12/15/1980
Decision Date:	08/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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
 Certification(s)/Specialty: Anesthesiology

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 60 year old male, who sustained an industrial injury on December 15, 1980. The injured worker was diagnosed as having pantrapezial arthritis of the left thumb, mucous cyst left thumb interphalangeal joint, and synovitis of the right thumb interphalangeal joint. Treatments and evaluations to date have included cortisone injections, occupational therapy, physical therapy, MRI, tendon arthroplasty and surgery of the left thumb, and medication. Currently, the injured worker complains of pain and stiffness in the left hand. The Treating Physician's report dated May 22, 2015, noted the injured worker status post a cortisone injection to the right thumb interphalangeal joint, left thumb tendon arthroplasty, left wrist first compartment release, and excision of mucous cyst and cheilectomy of dorsal osteophyte interphalangeal joint of the left thumb, dated May 11, 2015. Physical examination was noted to show a pin loose and prominent, removed as it had migrated, with the wound healing well, sutures out, and the thumb in a spica cast. A request for authorization for Percocet was made on May 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 84: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 151.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines Chapter 11, Forearm, Wrist, and Hand Complaints, notes the use of opioids for more than two weeks for managing wrist and hand complaints is not recommended.

The MTUS Chronic Pain Medical Treatment Guidelines recommend that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The injured worker underwent surgery on May 11, 2015, with a continued request for authorization for Percocet without documentation of the injured worker's objective or subjective improvement in pain or function with the use of post-surgical Percocet. The documentation provided failed to document any indications for continued use of the Percocet. Based on the MTUS guideline, the documentation provided did not support the request for Percocet 10/325 mg Qty 84 and is not medically necessary.