

Case Number:	CM15-0069774		
Date Assigned:	04/17/2015	Date of Injury:	10/15/2011
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/13/2015

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, New York, 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 48-year-old who has filed a claim for chronic hand, arm, shoulder, and neck pain reportedly associated with an industrial injury of October 15, 2011. In a Utilization Review report dated March 10, 2015, the claims administrator partially approved a request for Percocet, apparently for tapering or weaning purposes. The claims administrator referenced a progress note dated February 11, 2015 in its determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of shoulder and hand pain. The applicant was placed off of work, on total temporary disability. A carpal tunnel release procedure was proposed. No discussion of medication efficacy transpired on this date. On February 11, 2015, the applicant was asked to pursue a carpal tunnel release procedure. The applicant was placed off of on work, on total temporary disability. Percocet was prescribed. It was not clearly stated whether the request represented a renewal request for Percocet or represented a postoperative request for Percocet. In a progress note dated December 10, 2014, the applicant reported 6 to 7/10 neck, upper extremity, wrist, hand, and shoulder pain. The applicant was using Percocet, Flexeril, and Norco, it was acknowledged, several of which were prescribed, dispensed, and/or renewed while the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant's ability to perform household chores, such as preparing food, cooking, bathing, had been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg by mouth daily #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicant should obtain opioid prescriptions from a single prescriber. Here, however, the applicant has received prescriptions for Percocet from one provider and Norco from another provider. It was not been clearly established, furthermore, why two separate short acting opioids, Percocet and Norco, were employed here. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing opioid therapy. The attending provider commented to the effect that the applicant's ability to bathe, dress, shower, and cook had been ameliorated as a result of ongoing medication consumption did not, in and of itself, constitute evidence of substantive or significant improvement in function effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.