

Case Number:	CM15-0098932		
Date Assigned:	06/01/2015	Date of Injury:	07/21/2009
Decision Date:	07/07/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old female, who sustained an industrial injury on July 21, 2009. The injured worker was diagnosed as having brachial plexopathy, muscle spasm, lateral epicondylitis of elbow, tenosynovitis of wrist and calcifying tendinitis of shoulder. Treatment to date has included injections, thoracic outlet and wrist surgery and medication. A progress note dated April 21, 2015 the injured worker complains of right shoulder and arm pain mainly in the elbow with numbness and tingling in the hand. She reports the shoulder feels better since an injection and home exercise. She attributes a 50% improvement in pain due to medication. Physical exam notes holding her arm at 90 degrees and guarding. There is right elbow tenderness with decreased range of motion (ROM) and positive Tinel's sign at the cubital tunnel. There is atrophy and tenderness of the hand. Her right shoulder is lower than the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97, 24, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in July 2009 and continues to be treated for the residual effects of a brachial plexopathy. She underwent thoracic outlet and wrist surgery. When seen, she was having right shoulder and arm pain with numbness and tingling. Medications are referenced as decreasing pain by 50% and allowing her to remain functional in terms of activities of daily living. Physical examination findings included contracture of the right thumb and hyperhidrosis of the palm. There was a positive Tinel's sign. Medications include Percocet being prescribed and a total MED (morphine equivalent dose) of 45 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.