

Case Number:	CM13-0017643		
Date Assigned:	06/06/2014	Date of Injury:	12/28/2010
Decision Date:	07/11/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 year old male who is reported to have a date of injury of 12/28/10. The records do not describe a mechanism of injury. However, there appears to have been multiple injuries to include the neck and low back. The record indicates an impacted proximal humeral fracture. Based on the clinical records, the injured worker has chronic cervical and lumbar pain. He is noted to have undergone a reverse total shoulder replacement on 08/26/13. The records indicate that treatment for the cervical and lumbar conditions have included oral medications, chiropractic, physical therapy, transforaminal epidural steroid injections with transient relief. The record indicates the injured worker has chronically been maintained on opiate medications. The record does not include any data to suggest there is an opiate pain management contract or urine drug screens have been performed to assess compliance. The record contains a utilization review determination dated 08/20/13 in which a request for Percocet 10/325 #180 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 #180: Overturned

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

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

Decision rationale: The request for Percocet 10/325 #180 is recommended as medically necessary. It would be noted that at the time of the utilization review denial, the injured worker was pending a right reverse total shoulder replacement which was performed on 08/26/13. Clearly in the postoperative period, the injured worker would require opiate medications for pain control. Additionally, it was noted that the injured worker has chronic cervical and lumbar myofascial pain and evidence of an active lumbar radiculopathy for which the use of opiate medications would be appropriate. While it is noted that there is no signed pain management contract during the time period in question, the injured worker was pending surgical intervention and subsequently in the postoperative period with a total shoulder arthroplasty, the injured worker would require 6-8 weeks of opiate medications. As such, the medical necessity for the use of this medication would have been established.