

<b>Case Number:</b>	CM13-0024643		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/07/2004
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 physician 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.

### 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 patient is a 53-year-old male who sustained a right shoulder injury after his chain saw jammed and buckled on 11/07/2004. The patient's diagnosis includes status post right shoulder total arthroplasty. The patient has had 8 previous surgeries to the right shoulder to include a complete arthroplasty of the right shoulder. The patient's current medication regimen includes Robaxin, MS-Contin, and Percocet. The most recent evaluation on 11/06/2013 documented patient reports of a constant aching and throbbing sensation to the right shoulder with intermittent tingling that radiated down to the elbow and into the hand. Radiographs of the right shoulder revealed evidence of right shoulder arthroplasty, good placement of prosthesis, and no evidence of lucency between the prosthesis and bony structure. Physical examination revealed sensation intact to the bilateral upper extremities and muscle strength 5/5 in the upper extremities bilaterally. Shoulder range of motion was without evidence of impingement or limitation with internal rotation, but there was pain noted with any range of motion on the right. The treatment plan consisted of lab work, radiographs, urine drug screen, and prescriptions for MS-Contin 15 mg #120 four times a day, Robaxin 750 mg #90 three times a day, and Percocet 10/325 mg #240 every 2 to 3 hours not to exceed 8 per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** California MTUS Guidelines recommend documentation of the "4 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors), prior to continuation of opioid medications, to include Percocet. Guidelines further indicate the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information submitted for review lacks documentation of evidence to support any significant pain relief or objective functional improvement with the current medication regimen. The clinical information indicates the patient reports using Robaxin, MS-Contin, and Percocet is effective in decreasing pain and would like to continue the aforementioned medications, but there is no documented objective findings of pain relief noted to include pain level prior to and post medication use. Additionally, the clinical information indicates the patient has been previously provided with a decreased number of Percocet tablets for weaning purposes, but there is no evidence to support that weaning has occurred. Given the above, the medical necessity for 1 prescription of Percocet 10/325 mg #240 has not been established. As such, the request is non-certified.