

Case Number:	CM13-0025896		
Date Assigned:	11/01/2013	Date of Injury:	11/07/2004
Decision Date:	03/07/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	10/08/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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. 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 claimant is a 53 year old man who sustained a work related injury on November 7 2004. He subsequently developed bilateral shoulder pain and underwent multiple surgeries with subsequent chronic use of opioid medications. The patient was treated with MS Contin with some help and Percocet when break through pain. According to the note of June 10 2013, the patient has no evidence of pain. According to the note of September 16, 2013, the patient was still complaining of shoulder pain which was controlled by Percocet alone. He had a total of 8 shoulder surgeries. No physical examination was documented during that visit. The patient was continued on Percocet and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, the ongoing use of opioids includes the recommendation that, "The lowest possible dose should be prescribed to improve pain and function." According to the medical records provided for review, the patient

was already on short and long acting opioid medication (Percocet and MS Contin) without clear evidence of compliance and justification of the combination. There is no indication and rationale for the use of two short and long acting opioids and the use of high dose of opioids. In addition, there is no urine drug screen documenting the patient's compliance with prescribed medications. Therefore, the prescription of Percocet 10/325mg, #240 is not medically necessary and appropriate.