MAXIMUS Federal Services

Case Number:	CM13-0033509		
Date Assigned:	12/06/2013	Date of Injury:	11/17/2011
Decision Date:	04/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, shoulder pain, hand pain, and depression reportedly associated with an industrial injury of November 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; short-acting Opioids; SI joint injections; left shoulder surgery; and cervical facet injections. In a Utilization Review Report of September 16, 2013, the claims administrator approved Neurontin, pain management consultation, and a follow-up visit. Percocet was partially certified while radiofrequency ablation procedures were not certified. The applicant's attorney subsequently appealed. In a handwritten psychiatry note of September 2, 2013, it is stated that the applicant is using Wellbutrin, Topamax, Trazodone, and Zoloft. The applicant attributes some of her symptoms to having been mistreated by her supervisor. Multiple notes throughout 2012 and 2013 are notable for comments that the applicant is off of work, on total temporary disability, including a note of January 28, 2013. On March 14, 2013, the applicant was described as using a variety of medications, including Naprosyn, Prilosec, Tylenol with Codeine, Flexeril, Norco, Voltaren, Tramadol, Percocet, and Flexeril. Ongoing neck and shoulder pain were noted. The applicant was again placed off of work, on total temporary disability, and asked to pursue facet joint injections. On June 6, 2013, the applicant was again placed off of work, on total temporary disability, and asked to pursue cervical facet injections, a total shoulder arthroplasty, cognitive behavioral therapy, and Percocet. The applicant again remained off of work. The applicant's medication list on this occasion included Naprosyn, Flexeril, Percocet, Norco, Voltaren, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 PERCOCET 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92,97.

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

Decision rationale: Percocet is an opioid agent. As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, there is no evidence of appropriate analgesia affected despite ongoing opioid therapy. The applicant continues to have neck pain, low back pain, and shoulder pain. The applicant is off of work, on total temporary disability. There is no evidence of improved functioning achieved as a result of ongoing opioid usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggested the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, the attending provider has furnished the applicant with several prescriptions for opioids, including Tylenol No.3, Norco, Tramadol, Percocet, etc. It is not clear why so many different short-acting opioids are needed. Therefore, the request is not certified.