

Case Number:	CM13-0041384		
Date Assigned:	12/20/2013	Date of Injury:	08/01/1994
Decision Date:	04/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 48-year-old female with date of injury of 08/01/1994. Per treating physician's report 10/02/2013, the patient presents with shoulder pain as a result of her work injury. Severity of condition is a 6/10. The patient had an evaluation by [REDACTED] who indicated that the patient is a candidate for arthroscopic decompression acromioplasty. Current listed medications are Ativan, Estradiol, Fiorinal with codeine, Flovent inhaler, ibuprofen, multivitamins, phentermine, Topamax, Vicodin, and Xopenex. Under assessment, the treating physician lists: 1. Right shoulder impingement syndrome, status post arthroscopic debasement. 2. Chronic cervical pain, likely facetogenic and discogenic. 3. Right upper extremity thoracic outlet syndrome markedly improved the first rib excision in the remote past. Requested medications were Naprosyn, multivitamin, phentermine, Percocet #120, and Xopenex.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR U.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic persistent shoulder and neck pain. The treating physician has asked for Percocet 5/325 #120 per report 10/02/2013. Medical reports were reviewed from 02/27/2013 to 10/02/2013. Prior to 10/02/2013, the patient was on Vicodin and ibuprofen among other medications. None of the reports described patient's response to either of these medications. Only pain scale has been provided which fluctuates from 3/10 to 4/10. There are no discussions of activities of daily living, analgesia, adverse side effects, and adverse behavior. There is a urine toxicology report from 10/02/2013 only. The MTUS Guidelines are clear regarding documentation requirements for chronic opiate use. It recommends documentation to 4 A's that include analgesia, activities of daily living, adverse effects, and adverse behavior. In this case, none of these has been provided for the previously used Vicodin. Without any explanation, the treating physician has asked for Percocet 5/325 per his report 10/02/2013. MTUS Guidelines do not recommend ongoing use of opiate unless proper documentation is provided including numeric scale to denote function and pain or use of validated instrument. Outcome measures such as current pain level, average pain level, least pain level, and time it takes for the medications to be effective, etc., needs to be documented. In this case, none of these has been provided for the patient's prior Vicodin use. It is also not known why the treating physician is switching to Percocet. Given the lack of documentation as to whether or not the Vicodin has been helpful, recommendation is for denial.

NAPROSYN 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Medications for chronic pain Page(s): 60,61.

Decision rationale: This patient presents with chronic neck and shoulder pain. The treating physician has prescribed Naprosyn per report 10/02/2013. Unfortunately, despite the review of multiple reports from 02/27/2013 to 10/02/2013, there is not a single mention of how the previous ibuprofen has been helpful or unhelpful in managing this patient's pain. There is no documentation of pain assessment or functional changes. The treating physician also does not provide discussion regarding why the medication is being changed to Naprosyn. MTUS Guidelines supports NSAIDs for chronic pain condition such as what this patient is suffering from. However, MTUS Guidelines page 60 also require that for medication in chronic pain, documentation of pain, and function needs to be provided. In this case, none of these has been provided. MTUS Guidelines page 8 also states that treating physician must monitor patient's progress and make appropriate recommendations. In this case, no monitoring has been provided for previous use of Motrin and no rationale is provided as to why Naprosyn is being started now. Recommendation is for denial.

