

Case Number:	CM13-0061543		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2011
Decision Date:	03/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation 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:

This is a 59-year old male with a date of injury of 9/07/11. Mechanism of injury was a fall on a hyperabducted left shoulder/arm. The patient was found to have a full thickness supraspinatus tear and had left shoulder arthroscopy on 1/18/12. His course of care was complicated by adhesive capsulitis, and the patient had manipulation under anesthesia. The patient was determined to have reached maximal medical improvement on 8/26/13 and was declared Permanent and Stationary by an orthopedic AME. Future medical provision includes non-specific meds, short courses of PT for flare-ups and injections. Surgery is not a future anticipated need. Since this time, the patient has continued to see his orthopedist in follow-up. On 11/05/13, the patient reported that PT was helpful. Exam showed 140° of flexion and 120° of abduction. It is noted that the patient has issues with anxiety and depression and a referral was made to a psychologist/psychiatrist. Prescription was written for Lexapro and Percocet. There is no discussion of pain contract or monitoring via UDS. It appears that the patient remains off work. This was submitted to Utilization Review on 11/18/13. This report notes that Lexapro was recommended for certification, but Percocet was not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. There is no mention that this patient is monitored via UDS and that a pain contract is in place. There is no clear evidence of efficacy, with use facilitating the ability to stay at work, as this patient is noted to be TTD. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. Medical necessity for chronic use of Percocet is not substantiated.