

Case Number:	CM14-0006933		
Date Assigned:	02/07/2014	Date of Injury:	11/12/2007
Decision Date:	07/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/18/2014

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 patient is a 66-year-old male who has submitted a claim for neuropathic pain, aftercare following shoulder joint replacement, rheumatoid arthritis, ulnar neuropathy, and left shoulder pain associated with an industrial injury date of November 12, 2007. The medical records from 2012-2014 were reviewed, the latest of which dated January 7, 2014 revealed that the patient reports that he is having difficulty obtaining his medications in a timely manner and states this increases his pain. The pain is radiating from the posterior left shoulder to the triceps and all the way to the left ring finger and small finger. He describes the pain as burning and constant, not related to movement or position. There is weakness in the fingers. The pain is fairly controlled with Percocet three times a day. He has been on Cymbalta which helps to dull the pain significantly. On physical examination, there is left shoulder deformity with well-healed surgical scar. There is decreased muscle strength of 4/5 with adduction of the small finger of the left hand. The treatment to date has included left shoulder arthroscopic rotator cuff repair with subacromial decompression (1/28/08), left reverse total shoulder replacement, left shoulder tendinosis and removal of deep buried rotator cuff anchor implants (9/16/08), left ulnar nerve transposition (11/25/08), left stellate ganglion block (8/5/09), physical therapy, and medications which include Percocet, Cymbalta, Humira, methotrexate, orphenadrine, Naprosyn and flector patch. A Utilization review from December 16, 2013 modified the request for Percocet5/325MG 1 Tablet PO every 8 hours #100 to Percocet 5/325mg 1 tablet PO every 8 hours #100 for the purpose of trial tapering to a lower dosage for pain relief because some pain relief was achieved with Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET5/325MG 1 TABLET PO EVERY 8 HOURS #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: OPIOIDS, CRITERIA FOR USE, Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been using Percocet since November 2012 for pain control. The most recent clinical evaluation revealed incomplete pain control with Percocet. There is no documentation of functional improvement with Percocet use. Also, there is no discussion regarding the side effects or possible aberrant behavior with opioid use. The medical necessity of Percocet was not established. Therefore, the request for Percocet5/325MG 1 tablet PO every 8 hours #100 is not medically necessary.