

Case Number:	CM14-0107259		
Date Assigned:	08/01/2014	Date of Injury:	11/29/2010
Decision Date:	09/10/2014	UR Denial Date:	07/02/2012
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 34-year-old female with a 11/29/10 date of injury. At the time (6/23/14) of request for authorization for Post-operative narcotic medication Percocet (no strength or quantity provided), there is documentation of subjective (pain in the shoulders) and objective (tenderness over the right shoulder, positive impingement sign, and positive O'Brien's test) findings, current diagnoses (right rotator cuff full thickness tear, AC joint arthrosis, and subacromial impingement), and treatment to date (medications and physical therapy). Medical reports identify a pending right shoulder surgery than has been authorized/certified. There is no documentation of the strength and quantity of the requested Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative narcotic medication Percocet (no strength or quantity provided): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: MTUS reference to ACOEM identifies documentation of acute severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of diagnoses of right rotator cuff full thickness tear, AC joint arthrosis and subacromial impingement. In addition, there is documentation of a pending right shoulder surgery that has been authorized/certified. However, there is no documentation of the strength and quantity of the requested Percocet. Therefore, based on guidelines and a review of the evidence, the request for post-operative narcotic medication Percocet (no strength or quantity provided) is not medically necessary.