

Case Number:	CM14-0017070		
Date Assigned:	02/21/2014	Date of Injury:	11/22/2004
Decision Date:	06/26/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and 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 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 injured worker is a 66-year-old female who reported an injury on 11/22/2004; the mechanism of injury was a repetitive injury. Within the progress note dated 01/14/2014 the injured worker reported right shoulder pain rated 8/10 to 09/10. The injured worker further reported that with pain medication it was reduced to 3-5/10 and did not report any change in the location of the pain. She further reported her activity level had increased and was continuing to work. The injured worker further denied any adverse effects of the medication. The list of medications during the visit included ibuprofen 800 mg, Amitiza 24 mcg, Percocet 10/325 mg, Lidoderm 5% patch, OxyContin 10 mg, Imitrex 15 mg, Remeron 15 mg, and Wellbutrin 100 mg. The physical exam revealed a decreased range of motion in the cervical spine and limited range of motion in the right shoulder. The physical exam tested motor strength but was limited due to pain and the sensory exam revealed unremarkable findings. The Request for Authorization was dated 01/23/2014 for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG THREE TIMES A DAY AS NEEDED #90 MAX 3/DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

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

Decision rationale: The request for Percocet 10/325mg three times a day as needed #90 max 3/day is not medically necessary. The Chronic Pain Medical Treatment Guidelines, recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has reported high pain ratings and the limited pain assessments did not document significant functional improvement. Lastly, the injured worker reported poor sleep and would be an indication of poor efficacy to show the injured worker did not have well controlled pain. Hence, the request is not medically necessary.