

Case Number:	CM14-0150970		
Date Assigned:	09/19/2014	Date of Injury:	09/30/2002
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation, 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:

This is a patient with a date of injury of September 30, 2002. A utilization review determination dated August 22, 2014 recommends noncertification of Oxycodone. No recent progress reports are available for review. A Permanent and Stationary Evaluation dated December 16, 2003 identifies subjective complaints of shoulder pain which is worse with overhead use. Physical examination findings reveal tenderness to palpation in the cervical spine with normal cervical range of motion and normal shoulder range of motion. There is mild tenderness over the shoulder with normal strength in the upper extremity. Diagnoses include status post right shoulder arthroscopic decompression. The future medical treatment recommends a home exercise program and over-the-counter anti-inflammatory medications. Consideration may be given to a repeat orthopedic evaluation and possible cortisone injections for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL/Acetaminophen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78,13-16,107,72,24,29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Percocet (Oxycodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (Oxycodone/Acetaminophen) is not medically necessary.