

<b>Case Number:</b>	CM14-0166088		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 59-year-old male who has a date of injury of 6/9/2011. The mechanism of injury is not discussed in the provided documentation. The patient did require a left shoulder surgery on 8/15/2013. Prior diagnostic studies have included an 8/2011 MRI w/ left shoulder arthrogram performed in 5/2012. A 1/22/2014 progress note documented the following diagnoses: left shoulder impingement syndrome and left shoulder acromioclavicular joint arthropathy. A 6/20/2014 progress note adds cervical stenosis, cervical sprain/strain and carpal tunnel to the diagnosis list. His most recent physical exam on 10/10/2014 shows that his left shoulder ranges of motion is decreased. There is also tenderness noted over the left subacromial space, trapezius, and parascapular muscles. He has previously been treated with multiple physical therapy sessions, a home exercise program, home TENS unit, and medications that have included topical analgesics and oral narcotics. This patient does have a pain management contract and there is documentation of multiple urine drug screens being performed this year. On dates when the patient is noted to be taking Percocet and Tramadol his screens are negative for these medications. As of a 5/28/2014 progress note the patient was noted to be off work. A 7/29/2014 note states that the patient has been off work since May 1ST 2010. The utilization review physician did not certify the continuation of Tramadol and Percocet. Likewise, an Independent Medical Review has been requested to determine the medical necessity of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg tab #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiates Page(s): 114-125.

**Decision rationale:** California MTUS guidelines support the following documentation when assessing whether or not to continue a patient's chronic opiate pain medication: Implementation of a pain management contract with routine drug screens, documentation of decreased pain and improved functional status, and documentation of return to work. Regarding this patient's case, a 10/10/2014 secondary treating physician's progress note stated, "Patient complaints of constant left shoulder pain 8/10." Progress note goes on to state, "Pain without medications is 7-8/10." This indicates there is no difference in pain level with versus without pain medications. Also, a number of urine drug screens from this year are provided in the records, and a number of inconsistencies are noted on these screens. For instance, on the 8/27/14 drug screen Oxycodone and Tramadol were both negative. The August and May progress notes specifically state that the patient is being continued on Tramadol and Percocet. Therefore, this request is not medically necessary.

**Percocet 10/32mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiates Page(s): 114-125.

**Decision rationale:** California MTUS guidelines support the following documentation when assessing whether or not to continue a patient's chronic opiate pain medication: Implementation of a pain management contract with routine drug screens; documentation of decreased pain and improved functional status; and documentation of return to work. Regarding this patient's case, a 10/10/2014 secondary treating physician's progress note stated, "Patient complaints of constant left shoulder pain 8/10." Progress note goes on to state, "Pain without medications is 7-8/10." This indicates there is no difference in pain level with versus without pain medications. Also, a number of urine drug screens from this year are provided in the records, and a number of inconsistencies are noted on these screens. For instance, on the 8/27/14 drug screen Oxycodone and Tramadol were both negative. The August and May progress notes specifically state that the patient is being continued on Tramadol and Percocet. Therefore, this request is not medically necessary.