

Case Number:	CM14-0175844		
Date Assigned:	10/28/2014	Date of Injury:	08/03/2010
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 claimant was injured on 08/03/10 when he slipped and fell. Percocet 100mg and 6 physical therapy visits for multiple body parts are under review. The claimant has diagnoses of post-concussion syndrome, neck and low back sprain, and rotator cuff sprain. He saw a PA on 02/13/14 and he was awaiting an orthopedic surgery evaluation. He received refills of Butrans patches, Cyclobenzaprine, TENS patches, and Menthoderm. He also has degenerative disc disease of the cervical spine with spondylosis and radiculitis. On 05/09/14, he received refills of his medications. On 07/08/14, he was evaluated by an orthopedic surgeon. He was status post-surgery on his left shoulder but still had difficulty. He had been receiving neck and back treatment over the past several years periodically. He had a rotator cuff repair in January 2011 that did not help. He had significant pain in his neck radiating to his shoulder region. He had pain that was consistent with rotator cuff and AC joint pain and also biceps tenosynovitis pain. He had limited use of his shoulder with decreased range of motion. His medications were the same. Magnetic resonance imaging (MRI) from 09/26/11 revealed tendinosis of the previous rotator cuff repair with anchors present. He had biceps tenosynovitis, AC joint arthritis, and bursitis. There was a full-thickness rotator cuff tear anteriorly with no retraction from 2011. Post-op physical therapy was recommended for his rotator cuff tear for 12 visits along with pain medications. Left shoulder surgery and postop physical therapy were certified. Another MRI of the left shoulder on 08/23/14 revealed a type II acromion, postop changes and an abnormal superior labrum consistent with a SLAP lesion. Surgery was done on 09/02/14. He underwent arthroscopic subacromial decompression with extensive debridement of labral tearing. He underwent distal clavicle excision and revision and open lysis of adhesions and removal of bone spurs. On 09/09/14, he had orthopedic follow-up after his left shoulder surgery. He was taking Percocet and Omeprazole. He did not get authorization for Ibuprofen. He had limited range of

motion. On 09/09/14, physical therapy, Ibuprofen, Tramadol, and Mentherm were ordered. On 09/26/14, he still had 5/10 severity pain. He reported postop constipation and was attending physical therapy twice a week. He received refills of Omeprazole only and otherwise had enough medication. An MRI of the left shoulder was ordered. Mentherm had been denied. There is no mention of Percocet. On 09/30/14, he was seen for follow-up. He was prescribed Percocet 100 mg tablets by the orthopedic surgeon. Percocet 100 mg was not certified. 6 physical therapy sessions for the left shoulder was "partially certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 110. Decision based on Non-MTUS Citation PDR, 2014, Percocet

Decision rationale: The history and documentation do not objectively support the request for the opioid, Percocet 100mg, frequency and quantity unknown. The PDR recommend Percocet in doses of 2.5 mg up to 10 mg. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Percocet is unclear other than he has been taking it. It is not clear when he takes it and specifically what benefit he receives after a dose and how long the reported pain relief lasts. There is no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Percocet has not been clearly demonstrated. Weaning must be recommended by the provider. Of note, Percocet 100 mg is not an FDA-recommended tablet dosage. The request for Percocet is not medically necessary.

6 Physical Therapy Sessions for Multiple Body Parts (Lumbar and /or Sacral Vertebrae, Neck, Left Shoulder, Spinal Cord): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for 6 Physical Therapy Sessions for Multiple Body Parts (Lumbar and/or Sacral Vertebrae, Neck, Left Shoulder, Spinal Cord). The claimant has attended physical therapy for his injury and the results of the rehab on these body parts are unknown. He underwent surgery on his left shoulder about 2 months ago and attended postop physical therapy for the shoulder for an unknown number of visits/course of care. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes do not provide specifics of the claimant's treatment for his other body parts other than that he has been treated periodically for his neck and low back. There is evidence that the claimant has been involved in an ongoing rehab program for his neck and back despite having been treated over the years. There is no clinical information that warrants additional physical therapy for 6 visits. The anticipated benefit of these additional visits has not been clearly described and none can be ascertained from the records. There is no evidence that the claimant is unable to complete his rehab with an independent HEP and no indication that supervised exercises are likely to be more beneficial than independent exercise and self-management of symptoms. The medical necessity of these 6 visits for these multiple body parts has not been clearly demonstrated. Therefore, the request is not medically necessary.