

Case Number:	CM14-0177795		
Date Assigned:	10/31/2014	Date of Injury:	05/10/2012
Decision Date:	12/15/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery, 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 60-year-old male with a 5/10/12 date of injury. The patient injured his shoulder as a result of pulling. According to a progress report dated 9/5/14, the patient reported improvement with his right shoulder status post reverse total shoulder surgery. He stated that he still had some pain and felt that he had atrophy over the right shoulder musculature. Objective findings: tenderness over the paracervical musculature, painful range of motion of cervical spine, tenderness in the paralumbar musculature, painful range of motion of lumbar spine, mild atrophy over the right shoulder. Diagnostic impression: right shoulder status post reverse total shoulder replacement, frozen right shoulder, right bicep tendon rupture, cervical strain, radiculitis right upper extremity, lumbar strain. Treatment to date included medication management, activity modification, surgery, and physical therapy. A UR decision dated 9/27/14 modified the request for Percocet from 60 tablets to 40 tablets for weaning purposes. The patient was already using Tramadol ER 150mg. A rationale for adding a second opioid was not submitted. Also, the patient's pain level on the VAS was not submitted to warrant the use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Percocet 5/325mg #60 for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Associated surgical service: Percocet 5/325mg #60 for right shoulder is not medically necessary.