

<b>Case Number:</b>	CM14-0021307		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/13/2004
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old female who has filed a claim for chronic pain syndrome of bilateral shoulders, bilateral shoulder impingement syndrome, partial rotator cuff tear, bilateral, right biceps tendinopathy associated with an industrial injury date of May 13, 2004. Medical records from February 2012 - March 2014 were reviewed and showed patient still continues to complain of chronic pain in her bilateral shoulders. The pain is worse on the right than the left. The patient notes approximately 50% reduction in her pain and spasm with the use of her medications. Upon examination of the shoulders, impingement signs were positive bilaterally, left more so than right. Supraspinatus motor testing and cross adduction testing were positive bilaterally as well, left more so than right. The patient noted slight tenderness in the lower bilateral cervical paraspinal regions, radiating to her bilateral trapezial regions. Treatment to date has included NSAIDs, Lidoderm patches and opioids. Utilization review from February 03, 2014 modified the request for Percocet 10/325mg #120 to Percocet 10/325mg #30 for purposes of weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG #120:** 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): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been utilizing opioids since 2012, with lack of objective data to support functional improvement. Based on the excessive amounts of opioids being used and lack of functional improvement, a proper weaning schedule should be implemented. Therefore, the request for Percocet 10/325mg #120 is not medically necessary.