

Case Number:	CM14-0042173		
Date Assigned:	06/30/2014	Date of Injury:	05/01/2010
Decision Date:	08/19/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 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:

This is a 44-year-old male with 5/1/2010 date of injury, when he injured his shoulders and lower back performing his tasks at work. The patient underwent right and left shoulder repair in 2011 and 2012. He underwent a left shoulder arthroscopic revision of a prior acromioplasty on 6/14/13. He was seen for follow up two weeks later and was prescribed Percocet for postoperative pain. He was seen on 10/15/13 complaining of ongoing pain 5/10 in the left L4 distribution and was noted to be on Percocet 10/325 PRN and it was noted the patient wanted to be off this medication. A peer review dated 11/1/13 modified a Percocet request to initiate weaning given the patient was noted to be on Percocet for some time, and the patient was given #30 Percocet for weaning. On 3/11/14 the patient was reevaluated and was noted to be taking one Percocet per day with complaints of low back pain with radiation down the left leg as well as 10/10-shoulder pain bilaterally, and insomnia. Exam findings revealed tenderness of the lumbar paraspinals especially with backward bending to the right, restricted lumbar range of motion, and straight leg raise was not positive. The shoulder exam was deferred. The request was for Percocet #60. The diagnosis is lower back strain; bilateral shoulder impingement; His diagnosis is lower back strain, bilateral shoulder impingement, syndrome, L spine arthropathy, s/p right shoulder SAD and biceps tenodesis. Treatment to date: right shoulder arthroscopy with SAD and biceps tendonesis (7/30/2012); left shoulder arthroscopy with SAD (9/9/2011), TENS unit, HEP, steroid injection to the left shoulder, 12 sessions of PT and medications. A UR decision dated 03/31/2014 denied the request given the patient was noted to have a mechanical pain to the low back for 4 years which was being managed with high dose narcotics. In addition, prior peer review dated 11/1/13 modified the patient's Percocet request to initiate weaning over one month; hence the patient should be off the Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, #60: Upheld

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

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. The patient complains of 10/10 pains in the shoulders despite surgeries, physical therapy, electrical stimulation, and medications. He was taking one Percocet daily back in October 2013 and was to be weaned off. It is unclear why he is now at two Percocet daily. There is no mention of how this medication helps this patient in terms of reducing his VAS, functional gains, and a long-term pain management plan is not discussed. There were no attempts at weaning and no discussion as to why the patient was not weaned from this medication back in November of 2013. Therefore, the request, as submitted, for Percocet 10/325 mg, #60 is not medically necessary.