

<b>Case Number:</b>	CM14-0061158		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/09/2006
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 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 injured worker is a 57-year-old male who reported an injury on 04/09/2006, due to an unknown mechanism of injury. The injured worker complained of pain to the left shoulder. The injured worker stated that the medication gave him more than 30% pain control, without any major side effects. On 06/30/2014, the physical examination revealed a decrease in cervical active range of motion, flexion and extension about 50%, and lateral rotation and flexion were decreased by 25%. The Spurling's test was negative, and the facet stress test was positive. The motor strength was 5/5 in the upper extremities and sensory examination was intact. The injured worker had left shoulder tenderness with decreased range of motion and no crepitus. His deep tendon reflexes were bilaterally symmetrical at the biceps with 1+. There were no diagnostic studies submitted for review. The injured worker had diagnoses of shoulder joint pain, cervical degenerative disc disease, herniated cervical disc, cervicgia, and cervical radiculitis. There was a lack of documentation of past treatment methods. The injured worker's medications included Percocet 10/325 mg. The current plan was for the injured worker to try and stay active through home exercise. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325mg #30 for cervical/ left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-78.

**Decision rationale:** The injured worker has a history of pain in the left shoulder. According to the California MTUS Guidelines, the ongoing management of injured workers taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The 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. The requesting physician did not provide current documentation, including an adequate and complete assessment of the injured worker's condition. There is a lack of documentation indicating the injured worker experienced significant functional benefits, adequate pain relief, and showed no aberrant behavior. In addition, the frequency was not included in the request. Given the above, the request for Percocet 10/325 mg quantity of 30 for the cervical/left shoulder is not medically necessary.