

Case Number:	CM14-0073687		
Date Assigned:	07/16/2014	Date of Injury:	10/10/2012
Decision Date:	10/07/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 employee is a 37 year old male with date of injury of 10/10/2012. A review of the medical records indicates that the patient is undergoing treatment for right shoulder supraspinatus tendon tear and right shoulder impingement syndrome. Subjective complaints include continuing neck, right shoulder and arm pain. Objective findings include MRI of the right shoulder showing no need for repeat surgery of the right shoulder; decreased range of motion of right shoulder and reduced grip strength on the right. Treatment has included previous rotator cuff repair; EMG showing upper trunk brachial plexus dysfunction which is moderate and chronic. The utilization review dated 5/14/2014 non-certified Percocet 10/325mg #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #80: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Percocet (Oxycodone with Acetaminophen) is a short-acting opioid. Chronic pain guidelines and Official Disability Guidelines do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and the Official Disability Guidelines recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". The treating physician does document failure of other pain control modalities and the prescribing of 80 tabs would go beyond the recommended 2 weeks which the Official Disability Guidelines states. As such, the request for Percocet 10/325mg #80 is not medically necessary.