

Case Number:	CM14-0084543		
Date Assigned:	07/21/2014	Date of Injury:	11/02/2011
Decision Date:	08/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas. 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 44 year old male injured on 11/02/11 when he slipped on hydraulic fluid while pushing the equivalent of a forklift causing him to fall landing on his left shoulder and left side of his body resulting in immediate pain in his neck, left shoulder, and left arm. Current diagnoses include chronic cervical strain, cervical arthritis at multiple levels, and cervical degenerative disc disease at multiple levels with moderate to severe central canal and neural foraminal stenosis, left cervical radiculopathy, recurrent left shoulder rotator cuff status post two arthroscopic repairs, and left shoulder acromioclavicular joint arthritis. Qualified medical evaluation dated 06/17/14 indicated the injured worker complained of constant pain in the lower part of cervical spine bilaterally increased with motion and at night. The injured worker also complained of left trapezius, posterior shoulder, and left upper arm pain. The injured worker reported intermittent numbness and tingling of the entire left forearm, wrist, and hand. The injured worker reported significant loss of strength in the left upper extremity and significant atrophy about the left shoulder and upper arm. Physical examination of the cervical spine revealed diffuse tenderness in the midline and paraspinal areas, no muscle spasm, diffuse pain with axial compression, and decreased range of motion. Physical examination of the shoulder revealed mild diffuse atrophy of left shoulder, diffuse tenderness to palpation, slightly diminished passive range of motion, and moderate pain with all motions, positive Neer sign, and positive supraspinatus test. Medications included Nucynta ER 200mg, Percocet 10-325mg, Robaxin 750mg, and Aleve 220mg. The initial request for Percocet 10-325mg #120 was non-certified on 05/03/14.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this injured worker with or without medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Percocet 10/325 mg, #120 cannot be established at this time.