

Case Number:	CM14-0086909		
Date Assigned:	07/23/2014	Date of Injury:	09/15/2008
Decision Date:	09/29/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/10/2014

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:

The records presented for review indicate that this 62-year-old gentleman was reportedly injured on September 15, 2008. The mechanism of injury is noted as lifting a bottle of oxygen. The most recent progress note, dated May 7, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated forward elevation to 90, external rotation to 20, and internal rotation to the level of L5. Rotator cuff strength was measured at 5/5 with the exception of the supraspinatus which was rated at 4-/5. There were positive impingement signs. Diagnostic imaging studies of the left shoulder did not show evidence of a rotator cuff tear and no evidence of loosening of the prosthesis. Previous treatment includes a left shoulder arthroplasty and physical therapy. A request had been made for Percocet 10/325 and was not certified in the pre-authorization process on May 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 x 100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The California MTUS Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Percocet is not medically necessary.