

Case Number:	CM14-0095364		
Date Assigned:	07/25/2014	Date of Injury:	02/08/2013
Decision Date:	09/10/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 26-year-old female who reported injury on 02/08/2013 reportedly was an industrial gravitated secondary to altercation. She sustained injuries to her neck that radiated down to her arm with numbness. The injured worker's treatment history included surgery, medications, MRI and physical therapy. The injured worker was evaluated on 05/27/2014 and it was documented the injured worker complained of right shoulder and low back pain. Her pain was primarily in the right shoulder that can be moderate to severe. The provider noted she was currently undergoing physical therapy and has been told that she has a frozen shoulder. The injured worker has made little improvement of her right shoulder range of motion. The injured worker was taking Percocet 1 tablet every 4 to 6 hours for the pain in her right shoulder. In her low back, she has not been noticing as much of her pain as in focused in the right shoulder. Physical examination revealed muscle strength was 5/5 in the left deltoid, biceps, triceps, wrist extensors, right flexors and interossei muscle. Muscle strength was 5/5 in the right wrist extensor, right flexor, and interossei muscle. Strength exam was limited for her deltoid, triceps and biceps because of her right shoulder pain at 4+/5. She had 5/5 right extensors, flexors, and interossei muscle. Jamar test on the right was unable to perform, left 22/20/20. Diagnoses included low back pain, right leg pain, severe right shoulder pain, chronic pain management, lumbar disc protrusion at L5-S1 that was central with an annular tear causing low back pain, neck pain, radiating right arm numbness and pain. Medication was Percocet every 6 hours. The provider failed to indicate VAS measurements for injured worker while on opioids. The request for authorization and rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 tab PO Q4-6 hrs #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements of conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. Given the above, the request for Percocet 10/325mg 1 tab PO Q4-6 HRS #120 is non-certified.