

Case Number:	CM14-0096655		
Date Assigned:	07/28/2014	Date of Injury:	03/07/2003
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
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 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 71 year-old female injured on 03/07/03 due to undisclosed mechanism of injury. Diagnoses included recurrent left shoulder supraspinatus rotator cuff tear and left shoulder long head of the biceps tendinopathy. Clinical note dated 05/16/14 indicated the injured worker presented complaining of left shoulder pain and discomfort. The injured worker was awaiting authorization for left shoulder revision rotator cuff repair and biceps tenodesis and acromioplasty. Physical examination revealed decreased range of motion, rotator cuff strength 4/5 in external rotation, and positive impingement signs one, two and three. The injured worker utilized Percocet for pain management. Utilization review dated 06/04/14 indicated request for left shoulder revision arthroscopic acromioplasty, rotator cuff repair with biceps tenodesis was non-certified. The initial request for 60 tablets of Percocet 5/325mg one to two tabs by mouth every four to six hours as needed for post-operative pain related to left shoulder injury was non-certified on 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

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

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 Percocet. Additionally, the request is for post-operative medication pain management. The documentation indicates the requested procedure was not certified voiding the request for post-operative pain management. As such, Percocet 5/325mg #60 for post-operative pain related to left shoulder injury cannot be established at this time and is not medically necessary.