

Case Number:	CM14-0192614		
Date Assigned:	11/26/2014	Date of Injury:	02/19/2008
Decision Date:	01/14/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in California. 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 is a 61 year old male patient who sustained a work related injury on 2/9/2008. The patient had sustained the injury due to cumulative trauma. The current diagnoses include status post arthroscopy repair of the rotator cuff and subacromial decompression of the right shoulder March 6, 2009, degeneration of the cervical spine unrelated to the industrial injury, status post right shoulder arthroscopy with subacromial decompression and Mumford procedure and debridement of the rotator. Per the doctor's note dated 9/22/14, patient has complaints of pain in the cervical spine. Physical examination revealed tenderness on palpation, cervical spine range of motion was decreased, motor strength was 5/5 and reflexes were symmetrical, sensation was decreased in the posterolateral and lateral forearm. He had had psychiatric evaluation that revealed major depression. The medication lists include Percocet, Xanax, Anaprox, Prilosec and Prozac. The patient has had cervical spine MRI dated April 8, 2013 revealed at C4-5, C5-6 and C6-7 5 mm disc protrusions causing moderate to marked bilateral foraminal narrowing most significant at C4-5; EMG/NCV on 12/2010 that revealed C5-6 radiculopathy. Diagnostic imaging reports were not specified in the records provided. He had surgery on his left shoulder, wrists and trigger finger on the left on August 13, 2014. The patient's surgical history include right shoulder arthroscopic surgery on April 4, 2008, right shoulder arthroscopic revision in March 6, 2009 and status post right shoulder arthroscopic surgery in 1969; right wrist surgery in 1973 and right knee arthroscopic surgery in 2004 and left carpal tunnel release and trigger finger release on August 13, 2014 and left shoulder internal derangement status post arthroscopy on August 13, 2014. He had received trigger point injections, epidural steroid injections and corticosteroid injections for the right shoulder, the patient has received an unspecified number of PT and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of OpioidsOpioids, criteria for use Page(s): 76.

Decision rationale: Percocet 10/325mg is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg is not established for this patient.

Xanax .5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Xanax 5mg is not fully established in this patient.