MAXIMUS Federal Services

Case Number:	CM14-0193916		
Date Assigned:	12/01/2014	Date of Injury:	07/11/2013
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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 Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old male who has submitted a claim for right shoulder rotator cuff tear, L5-S1 disc degeneration, L4-S1 facet arthropathy, left leg radiculopathy, right long trigger finger and post-operative carpal tunnel syndrome versus cervical radiculopathy associated with an industrial injury date of 7/11/2013.Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the left posterior thigh and right shoulder pain rated 8-9/10 in severity and relieved to 7-8/10 with medication use. Physical examination showed antalgic gait, tenderness over paralumbar muscles, limited lumbar motion, weakness of right knee extensor rated 4+/5, and diminished sensation at left L4 and L5 dermatomes.Treatment to date has included right shoulder arthroscopy and endoscopic subacromial decompression, rotator cuff repair, and biceps tenodesis on 9/16/2013, lumbar epidural steroid injection, chiropractic care, physical therapy, and medications such as Norco and Motrin. The documented rationale for Percocet prescription is due to inadequate pain relief from Norco.The utilization review from 11/17/2014 denied the request for Percocet 10/325 mg #180 because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Percocet 10/325 Mg #180: Overturned

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

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

Decision rationale: According to pages 76-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. There is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was initially prescribed Norco since 2013; however, he only reported minimal pain relief from a severity of 8-9/10 to 7-8/10 with medication use. The documented rationale for Percocet prescription is due to inadequate pain relief from Norco. Review of progress notes showed that the treatment plan includes every four-hour dosing of Percocet. The medical necessity for shifting opioid medication has been established. Therefore, the request for prospective usage of Percocet 10/325 Mg #180 is medically necessary.