

Case Number:	CM14-0202689		
Date Assigned:	12/15/2014	Date of Injury:	10/17/2007
Decision Date:	02/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice, 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 49 year old female patient who sustained a work related injury on 10/17/2007. Patient sustained the injury when she got her leg tangled in a sheet. The current diagnoses include Left shoulder impingement and s/p surgical status. Per the doctor's note dated 11/10/14, patient has complaints of pain the left shoulder. Physical examination of the left shoulder revealed ROM 120/120/L1, decreased muscle strength and muscle spasm. The current medication list was not specified in the records provided. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include Right knee arthroscopy x 2, and left shoulder surgery on 12/19/12. 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 7.5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Criteria for use of Opioids; Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: 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 non-opioid 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 non-opioid 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. In this case, improvement in pain translated into objective functional improvement, including ability to work, is not specified in the records provided. Based on the guidelines and the records provided for review, the request does not meet criteria for ongoing continued use of opioids analgesic. Therefore, this request is not medically necessary.