

Case Number:	CM15-0101844		
Date Assigned:	06/04/2015	Date of Injury:	02/20/2013
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old who has filed a claim for chronic shoulder pain with derivative complaints of asthma, diabetes, and sleep apnea reportedly associated with an industrial injury of February 20, 2013. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a RFA form received on May 15, 2015 in its determination, along with a progress note of May 15, 2015. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of ankle pain, aggravated by walking and/or negotiating irregular terrain. The applicant was using ankle brace. The applicant was not working, it was reported. The applicant had comorbidities including asthma, diabetes, and sleep apnea. The applicant was using Glucophage, it was reported. New ankle MRI imaging was sought. There was no mention of the applicant's using Percocet on this date. The progress note did not seemingly include discussion of medication efficacy. On May 20, 2015, the applicant reported complaints of shoulder and arm pain. Medrol dose pack was endorsed. The applicant's medication list was not, once again, detailed. Once again, there was no mention of the applicant's using Percocet on this date, either. On April 6, 2015, the applicant again reported ongoing complaints of shoulder pain status post earlier failed shoulder surgery. Naproxen was endorsed. Limited shoulder range of motion was noted. Once again, there was no mention of the applicant's using Percocet on this date, either. A February 20, 2015 progress note likewise did not discuss medication selection or medication efficacy. The applicant's medication list was not detailed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 74-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids; Functional Restoration Approach to Chronic Pain Management Page(s): 75; 7.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that short-acting opioids such as Percocet are an effective method in controlling chronic pain, here, however, multiple progress notes, referenced above, made no mention of the applicant's using Percocet. The applicant's treating providers did not explicitly describe, detail, or characterize the applicant's complete medications on multiple progress notes, referenced above, including on April 13, 2015, May 27, 2015, or on April 6, 2015. It was not clearly stated or clearly established whether the request represented a first-time request or a renewal request. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be knowledgeable regarding prescription information and to adjust the dosing to the individual applicant. Here, however, neither of the applicant's treating providers clearly stated or clearly established for what purpose Percocet had been prescribed and/or whether or not Percocet was or was not effective here. Therefore, the request was not medically necessary.