

Case Number:	CM15-0013141		
Date Assigned:	02/20/2015	Date of Injury:	06/28/2006
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 31-year-old male, who sustained an industrial injury on June 28, 2006. The injured worker had reported a left shoulder injury. The diagnoses have included left shoulder pain. Treatment to date has included medications and left shoulder surgery. The only documentation submitted for review is an emergency department note dated November 7, 2014 which notes that the injured worker complained of left shoulder pain and chest pain. Physical examination of the left shoulder revealed no swelling or redness of the left shoulder. The chest pain was noted to be constant. On December 24, 2014 Utilization Review non-certified a request for prospective use of Diclofenac and modified a request for Percocet 10/325 mg # 90. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request is not medically necessary. This limited chart provides most details in the UR and does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of Percocet. Urine drug screen results were mentioned in UR but the actual results were not available in the chart. There are no drug contracts included in the chart although mentioned by the UR, or long-term goals for treatment. The 4 As of ongoing monitoring were not adequately documented. Therefore, the request is considered not medically necessary.

Diclofenac: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68.

Decision rationale: The request for Diclofenac is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's pain have been treated with NSAIDs, but there was no documentation of objective functional improvement and decrease in pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. This limited chart does not provide adequate information. Because of these reasons, the request is considered medically unnecessary.