

Case Number:	CM15-0137511		
Date Assigned:	07/31/2015	Date of Injury:	05/31/2013
Decision Date:	09/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/15/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female who sustained an industrial injury on 05-31-2013 resulting in injury to the right shoulder due to repetitive use. Treatment provided to date has included: right shoulder rotator cuff repair and debridement surgery (2014); 14 post-operative physical therapy sessions; right bicipital groove injection; medications; and conservative therapies and care. Diagnostic tests performed include: post-operative MRA of the right shoulder (2014); MRI of the right shoulder (2014) showing intact surgical repair of the supraspinatus, subacromial decompression with intact deltoid muscle and fascia, small amount of fluid in the subacromial subdeltoid space, thickening increased signal in the axillary pouch capsule, and tendinosis of the long head of the bicep (per the MRI report). There were no noted comorbidities or other dates of injury noted. On 05-29-2015, physician progress report noted complaints of right shoulder pain and weakness. The pain was rated 6-7 out of 10 in severity with use or activity and worsened with lifting and carrying. Additional complaints included cervicotrapp pain. Current medications include ibuprofen. The physical exam revealed tenderness in the bicipital groove, tenderness to the "CA arch", decreased range of motion due to tenderness, adequate strength, positive Speed's test, and positive Yergason's test. The provider noted diagnoses of rotator cuff syndrome of the right shoulder and right shoulder impingement syndrome. Plan of care includes pre-operative history and physical with EKG and laboratory testing, right shoulder tendinosis and tenotomy with analgesic injection, cold therapy for 7 days, post-operative physical therapy, post-operative pain medication of Percocet 10-325mg #60 with 2 refills, and follow-up in 4 weeks or for pre-op. The injured worker's work status remained permanent and stationary. The request for authorization and IMR (independent medical review) includes:
 Percocet 10-325mg
 #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals that this prescription was made for post-operative pain following right shoulder surgery. However, the request with 2 refills is not appropriate. Medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request with no refills.