

Case Number:	CM15-0145476		
Date Assigned:	08/06/2015	Date of Injury:	07/09/2011
Decision Date:	09/10/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 9, 2011. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve requests for Percocet and Duragesic. The claims administrator referenced an RFA form received on July 7, 2015 in its determination and an associated progress note of July 2, 2015. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of shoulder pain. A rather proscriptive 20-pound lifting limitation was renewed. The applicant was using tramadol it was stated in one section of the note. It was not clearly stated whether the applicant was or was not working with a 20-pound lifting limitation imposed on this date. There was no seeming mention of the applicant's using either Duragesic or Percocet on this date. On December 31, 2014, the applicant underwent a shoulder arthroscopy, labral repair, biceps tenotomy, and mini-open subpectoral biceps tenodesis procedure. On April 7, 2015, the applicant again reported ongoing complaints of shoulder pain. Work restrictions and physical therapy were endorsed. It was not clearly stated whether the applicant was or was not working at this point. The applicant was described as "overall doing well". The only medication the applicant reportedly was using on this date was tramadol, it was reported. In a separate note dated April 1, 2015, the applicant was given refills of Duragesic and Percocet and kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, no seeming discussion of medication efficacy transpired on the July 2, 2015 progress note in question. There was no explicit mention of the applicant's using Percocet on that date. The applicant's treating provider reported on July 2, 2015 that the applicant was using another short-acting opioid, tramadol. However, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. Here, thus, the applicant's concurrent usage of Percocet and tramadol seemingly ran counter to MTUS principles and parameters. It also appeared that the applicant was receiving Percocet from one prescriber and tramadol from another. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines recommends that applicants receive opioid prescription from a single practitioner. Here, thus, continued usage of Percocet ran counter to both pages 78 and 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Fentanyl 50mg #10 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for fentanyl (Duragesic), a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the attending provider's progress note of July 2, 2015 did not contain any discussion of whether or not ongoing usage of fentanyl (Duragesic) had or had not proven beneficial. Said July 2, 2015 progress note did not incorporate any discussion of medication efficacy and did not, moreover, explicitly allude to or mention whether the applicant was or was not using fentanyl (Duragesic) as of that point in time. It did not appear that the applicant had returned to work, as of that date, it was incidentally noted. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Duragesic (fentanyl). Therefore, the request is not medically necessary.