

Case Number:	CM15-0181438		
Date Assigned:	09/22/2015	Date of Injury:	09/13/2006
Decision Date:	11/10/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male injured worker, who sustained an industrial injury on September 13, 2006. The age and the initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having bilateral shoulder rotator cuff tears, bilateral shoulder impingement syndrome and bilateral glenohumeral joint arthritis. Treatment to date has included injections, diagnostic studies, physical therapy, exercises, surgery and medication. On March 13, 2015, notes stated that he uses his Percocet medication sparingly. On June 12, 2015, the injured worker complained of worsening pain in his bilateral shoulders. Physical examination of the neck revealed weakness with external rotation and abduction. There was positive impingement bilaterally. Pain was noted over the acromioclavicular joint. X-ray showed degenerative changes, worse on the left than the right. The treatment plan included an MRI of the bilateral shoulders. On August 20, 2015, utilization review denied a request for Percocet 10- 325mg #60. A request for Naprosyn 500mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1-2 tab Q 6hrs PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 10/325mg 1-2 tab Q 6hrs PRN #60 is not medically necessary and appropriate.