

Case Number:	CM15-0183271		
Date Assigned:	09/24/2015	Date of Injury:	03/25/2010
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/17/2015

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, Hawaii

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:

The injured worker is a 57 year old male, who sustained an industrial injury on 3-25-10. The injured worker was diagnosed as having chronic right shoulder pain; chronic left shoulder pain; depression. Treatment to date has included status post right shoulder rotator cuff repair; status post right reverse total shoulder arthroplasty (2011); physical therapy; aquatic therapy; medications. Diagnostics studies included EMG-NCV upper extremities (8-6-15). Currently, the PR-2 notes dated 8-20-15 the provider documents "prior medical history of right shoulder injury, status post shoulder replacement, presenting with acute on chronic right shoulder extremity pain. he complains about pain in the L[left]base (metacarpal-phalangeal jt[joint]: thumb cons[constant] 3 -4 out of 10 to occasional 8 out of 10, onset 3 months ago; B-L[bilateral] 3rd and 4th digits on hands, cons[constant] 3-4 out of 10 to occasional to intermittent 8 out of 10, B-L[bilateral] 1st interphalangeal jts[joints] of middle fingers sudden onset 2 wks[weeks] ago, not present at the last visit. Since surgery: He has a tendency to drop things using either hand, however, he can grab i.e. a piece of wood then 10-15 he drops it. He mentions he has never dropped things in the past. He further states that since the injury occurred, he noticed a grad[gradual] decrease of all arcs of ROM[range of motion] in C-S [cervical spine]." The provider notes the injured workers principal symptoms are pain in the bilateral upper extremity -right shoulder with sharp pain that has been relieved using medications listed: Norco, Flexeril, Klonopin, Wellbutrin and pool pass. Associated positive symptoms are listed as Left shoulder pain and neck pain. He notes associated negative symptoms listed as Thoracic or lumbar pain. The provider does document a physical examination. His plan is documented as: Prescriptions renewed: Norco 10 (150) 0; Neurontin

300mg tid current; current Losartan 100mg qhs; Cymbalta 60mg po qd written for [REDACTED]; Flexeril 10mg po id. No other medications listed. He also mentions a Liver Panel Function Test. There are other issues the provider lists in his plan that do not appear to be clearly relevant to the requested services. The PR-2 dated 7-25-15 reveals documentation by the provider with the same-similar complains and intensity of pain levels as described in the 8-20-15 PR-2 note. Medications listed in the plan were Norco 10-325mg (150 x0; Percocet 10-325mg (90) x0 and Soma 350mg (90) x4. A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-14-15 and non-certification was for Percocet 10/325mg qty 90.00 and a Liver panel function test. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for Percocet 10/325mg qty 90.00 and a Liver panel function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg qty 90.00: 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.

Decision rationale: The patient presents with chronic bilateral shoulder pain. The current request is for Percocet 10/325mg qty 90. The treating physician fails to state, in a report dated 08/20/15, any request for Percocet 10/325mg qty 90. (5B) The MTUS guidelines state, "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). No request for this medication was made in any of the reports available for review. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required as are not addressed, the patient's pain level has not been assessed at each visit and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Percocet. The current request is not medically necessary.

Liver panel function test: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function.

Decision rationale: The patient presents with chronic bilateral shoulder pain. The current request is for liver panel function test. The treating physician states, in a report dated 08/20/15, "Plan: Liver Panel Function Test." (4B) The MTUS guidelines state, "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating labs after this treatment duration has not been established." In this case, the treating physician, based on the records available for review, has failed to establish the medical necessity for a liver panel function test and there is no documentation that the patient is taking any NSAIDs. The current request is not medically necessary.