

Case Number:	CM15-0183304		
Date Assigned:	09/24/2015	Date of Injury:	09/12/2006
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
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 58 year old male, who sustained an industrial injury on 09-12-2006. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for chronic left shoulder pain and multiple surgeries to left shoulder including subacromial decompression, tenodesis, hemiarthroplasty, and most recently total arthroplasty surgery. Treatment and diagnostics to date has included left shoulder surgeries, CT arthrogram of left shoulder, home exercise program, and medications. Current medications include Tramadol, Percocet, and Gabapentin. In a progress note dated 08-31-2015, the injured worker reported left shoulder pain which can escalate to a 9.5 out of 10 on the pain scale. It was noted that the injured worker takes 3 tablets of Tramadol in the daytime which helps reduce his pain by 40% and takes 1-2 tablets of Percocet at night which reduces his pain by 60% and enables him to sleep. Objective findings included atrophy in the left deltoid muscle, tenderness to left anterior shoulder, and limited range of motion to left upper extremity. The treating physician noted that the urine drug screen dated 05-27-2015 was "consistent with prescribed analgesics without any evidence of illicit drug use". The Utilization Review with a decision date of 09-10- 2015 non-certified the request for Percocet 10-325mg #60 and modified the request for Tramadol 50mg #90 to Tramadol 50mg #72.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #60: Overturned

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 pain affecting the left shoulder. The current request is for Percocet 10/325mg, #60. The treating physician report dated 8/31/15 (33B) states, "The Percocet reduces his pain by 60% and it enables him to sleep. Without the Percocet, he is unable to sleep because the pain keeps him up at night. The analgesic regimen allows him to perform activities of daily living including vacuuming, washing dishes, cleaning countertops and showering with less discomfort." MTUS pages 88 and 89 states 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). The medical reports provided show the patient has been taking Percocet since at least 2/4/15 (7B). The report dated 8/31/15 (33B) notes that the patient's pain decreases 60% while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to vacuum, wash dishes, clean countertops, and shower. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Percocet has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Tramadol 50mg, #90: Overturned

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 pain affecting the left shoulder. The current request is for Tramadol 50mg, #90. The treating physician report dated 8/31/15 (33B) states, "He continues to take Tramadol 3 tablets daily in the daytime which helps reduce his pain by 40%. He is unable to take Percocet in the daytime because it can cause daytime sedation. The Tramadol does not cause daytime sedation. The analgesic regimen allows him to perform activities of daily living including vacuuming, washing dishes, cleaning countertops and showering with less discomfort." MTUS pages 88 and 89 states 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). The medical reports provided show the patient has been taking Tramadol since at least 2/4/15 (7B). The report dated 8/31/15 (33B) notes that the patient's pain decreases 40% while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to vacuum, wash dishes, clean countertops, and shower. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Tramadol has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.