MAXIMUS Federal Services

Case Number:	CM15-0183567		
Date Assigned:	09/24/2015	Date of Injury:	07/09/2011
Decision Date:	10/29/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 37-year-old female, who sustained an industrial injury on July 9, 2011, incurring right elbow, shoulder, wrist, neck and upper back injuries. She continued with shoulder weakness, pain and discomfort, numbness and tingling with decreased range of motion radiating into the forearm. On August 29, 2012, cervical Magnetic Resonance Imaging revealed disc protrusion. Magnetic Resonance Imaging of the right shoulder revealed a labral tear. She was diagnosed with shoulder tendinosis and acromioclavicular hypertrophy and cervical strain. Treatment included physical therapy, pain medications, sleep aides, surgical right shoulder arthroscopy, bracing, and activity restrictions with modifications. Currently, the injured worker complained of throbbing, with sharp, aching pains of the right shoulder and chronic neck pain. Her symptoms were aggravated with any type of activity. Her symptoms were relieved with ice and pain medications. She noted decreased range of motion and strength. She had trouble sleeping and developed depression from the chronic pain. The pain interfered with her activities of daily living included bathing, dressing reaching, grasping, pulling and lifting. The treatment plan that was requested for authorization on September 18, 2015, included a prescription for Percocet 10-325mg, #120. On September 3, 2015, a request for a prescription for Percocet was non-certified by utilization review.

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 Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines cite 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 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. 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. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 10/325mg #120 is not medically necessary and appropriate.