

Case Number:	CM15-0187264		
Date Assigned:	09/29/2015	Date of Injury:	01/16/2013
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 11-16-13. The injured worker is being treated for shoulder region disorder and long term use of medications. Treatment to date has included oral medications including Norco, Percocet 10-325mg (he has received some form of hydrocodone-APAP since at least 2013) and Naproxen; corticosteroid injections and activity modifications. On 8-3-15, the injured worker complains of continued pain in the left shoulder, he cannot lift arm above his shoulder and has no feeling in left arm; he notes the pain is 7 out of 10 with medications and he is unable to do laundry, cook, garden, shop; and he is able to bathe, dress, manage medications, drive and brush teeth. Documentation does not include level pain prior to medications or duration of pain relief. On 7-1-15 he stated he did not feel the pain medication was helpful. Physical exam performed on 8-3-15 revealed tenderness to palpation of cervical spine with decreased range of motion, tenderness to palpation of shoulder subacromial space and pain with decreased range of motion and tenderness to palpation of lumbar spine and at facet joint. The treatment plan included request for Percocet 10mg-325mg #120. On 8-25-15 a request for Percocet 10-325mg #120 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Tramadol for several months. The urine drug screen in May 2015 was inconsistent with medications prescribed. In addition, no one opioid is superior to another. The request for Percocet is not medically necessary.