

Case Number:	CM15-0192528		
Date Assigned:	10/06/2015	Date of Injury:	06/04/2012
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old female sustained an industrial injury on 6-4-12. Documentation indicated that the injured worker was receiving treatment for discogenic cervical condition with disc desiccation, right shoulder impingement, bilateral wrist joint inflammation, left rotator cuff strain, lumbar discogenic condition, chronic pain, depression, sleep disorder stress and headaches. Additional medical history was significant for hypertension and diabetes mellitus. Previous treatment included right shoulder decompression, labral repair, functional restoration program participation, psychotherapy, transcutaneous electrical nerve stimulator unit, H-wave and medications. In a PR-2 dated 7-30-15, the injured worker complained of ongoing neck, bilateral shoulder and low back pain as well as headaches associated with nausea and dizziness. The injured worker's pain was not quantified. The injured worker was scheduled for right shoulder surgery on 8-20-15. Physical exam was remarkable for tenderness to palpation along the cervical paraspinal musculature, pain along both shoulders, rotator cuff and biceps tendon with positive impingement and Hawkin's sign bilaterally. The treatment plan included referral to pain management for possible injection and medication management and continuing medications (Norco, Lunesta, Tramadol ER, Gabapentin, Ativan and Flexeril) and new prescriptions for Amoxicillin, Zofran and Percocet to use following shoulder surgery. On 9-4-15, Utilization Review non-certified a request for Percocet 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narc Percocet 10/325 mg # 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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of percocet or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.