

Case Number:	CM15-0194343		
Date Assigned:	10/08/2015	Date of Injury:	03/28/2006
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 60-year-old male, with a reported date of injury of 03-25-2006. The diagnoses include left shoulder pain, insomnia due to chronic pain, paresthesia and hypoesthesia in the left upper extremity, and right shoulder impingement. Treatments and evaluation to date have included Norco (discontinued), Soma, Naproxen sodium, Percocet (since at least 06-2015), and Omeprazole. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 07-31-2015 indicates that previously the injured worker switched to Percocet from Norco. It was noted that with Percocet, he had decreased pain, increased ability to complete activities of daily living and self-care with minimal pain. The injured worker had decreased insomnia and he reported pain relief of 50% with the previous use of Percocet. It was also noted that the injured worker had been out of the medication for the last 15 days and he stated that his pain was almost intolerable to the point that he felt he needed to go to the emergency room. The injured worker complained of bilateral shoulder pain, worse on the left than the right, extreme difficulty sleeping due to shoulder pain, gastrointestinal upset due to medication, and insomnia due to chronic pain. There were no significant adverse side effects and no aberrant behavior. The treating physician indicated that "Periodic urine tox screen have been done and they have been appropriate. (Most recent one was around 05-19-14, which was appropriate for Buprenorphine and no illicit medications detected.)" It was noted that the injured worker underwent an MRI of the right shoulder on 02-01-2012 which showed the development of a severe supraspinatus tendinosis, the development of increased signal within the superior labrum, and moderate to severe degree small focal tear on the distal anterior tendon; an MRI of the right shoulder on 07-18-2013 which showed tear of the anterior mid-portion of the labrum and fraying of the superior labrum, severe tendinosis of the supraspinatus tendon, and mild degenerative

changes of the right acromioclavicular joint, and trace amount of fluid in the subacromial and subdeltoid bursa. There was no documentation of the injured worker's current pain ratings. The physical examination showed decreased sensation with paresthesia in the left fifth digit and ulnar half of the left fourth digit; a normal gait; forward rotation of the right shoulder elevated about 90 degrees, and externally rotated 40 degrees; hot to palpation of the left shoulder; slight to moderate tenderness over the left anterior biceps area; and moderate to severe muscle spasm and tenderness over the anterior and posterior left shoulder joint. The injured worker was considered maximum medical improvement. It was noted that he could do modified work when available. The treatment plan included Percocet 7.5-325mg, one three times a day as needed for severe pain. The treating physician noted that the medication was previously beneficial for the injured worker's pain and should not be abruptly discontinued as the injured worker had a history of chronic pain. The treating physician requested Percocet 7.5-325mg #90. On 09-04-2015, Utilization Review (UR) non-certified the request for Percocet 7.5-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam note of 7/31/15. Therefore, the request is not medically necessary.