

Case Number:	CM15-0197806		
Date Assigned:	10/13/2015	Date of Injury:	03/09/1999
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old female, who sustained an industrial injury on 3-09-1999. The injured worker was diagnosed as having cervical post-laminectomy syndrome, brachial neuritis, not otherwise specified, cervical disc degeneration, radiocarpal sprain, and adverse effect gastrointestinal agent, not otherwise specified. Treatment to date has included diagnostics, left total shoulder replacement 7-2014, acupuncture, and medications. Currently (9-08-2015), the injured worker complains of neck and left shoulder pain, described as constant and sharp shooting, with radiation to her left fingertips. Pain was rated 5-6 out of 10 with medication use and 10 out of 10 without (rated 4-5 out of 10 versus 7 out of 10 with medication and 10 out of 10 without on 6-15-2015). She reported taking Gabapentin, Lidoderm 5%, Omeprazole, Percocet 10-325mg four times daily, and Tramadol 50mg four times daily, with refills requested. The use of Percocet and Tramadol was noted since at least 1-31-2015 (per Request for Authorization). Exam noted 4 out of 5 strength in the left upper extremity, moderate spasms of the cervical paraspinal musculature bilaterally with twitch response (left greater than right), mild tenderness to palpation left anterior shoulder incision, mild decrease in range of motion of the left shoulder, and positive crepitus on the left with flexion and abduction. A history of gastrointestinal bleeding was noted, along with intolerable side effects with MS Contin in the past. A signed narcotic agreement was on file and no aberrant behavior was noted. Urine drug screening was documented as consistent. Her work status was "Per Permanent and Stationary Report". The treatment plan included Percocet 10-325mg #180 and Tramadol 50mg #120. On 9-18-2015 Utilization Review modified the requested Percocet to #162 and the requested Tramadol to #108.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: This 52 year old female has complained of neck pain, wrist pain and shoulder pain since date of injury 3/9/1999. She has been treated with surgery, physical therapy and medications to include opioids since at least 01/2015. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: This 52 year old female has complained of neck pain, wrist pain and shoulder pain since date of injury 3/9/1999. She has been treated with surgery, physical therapy and medications to include opioids since at least 01/2015. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.