

Case Number:	CM15-0198802		
Date Assigned:	10/14/2015	Date of Injury:	02/11/1991
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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 55 year old male who sustained an industrial injury on 2-11-91. The medical records indicate that the injured worker is being treated for rotator cuff rupture; obstructive sleep apnea; midline back pain with sciatica; left ankle and foot pain; left shoulder pain; lumbar post-laminectomy syndrome; left ankle ankyloses; shoulder joint derangement. He currently (9-3-15) is over 1 week postoperative for left total shoulder arthroscopy and is doing well overall per documentation. He has been out of the sling, denies tingling and other complaints. On physical exam the left shoulder was healing, sensation to light touch was intact (the note is hand written and parts of it were illegible). Post-operative pain levels were not enumerated. Documentation from 2-16-15 indicates that the injured worker went to the emergency department for a refill on his OxyContin for chronic back pain. The injured worker has been treated with medications: OxyContin (since at least 12-15-14), gabapentin, Flexeril, aspirin, meloxicam, tramadol (he had a urine drug screens dated 9-9-13 and 7-23-14 which were consistent with prescribed medications); physical therapy to the low back, left leg and shoulder with some benefit; prior spinal cord stimulator that has been explanted; status post 5 back surgeries, 6 left leg surgeries, left ankle surgery, left total shoulder arthroplasty (8-26-15). The request for authorization dated 9-2-15 was for oxycodone-acetaminophen (Percocet) 10-325mg #90 (it appears that this is a new prescription and has not been used by the injured worker in the past); On 9-11-15 Utilization Review non-certified the request for oxycodone-acetaminophen (Percocet) 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen (Percocet) 10/325 mg Qty 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, criteria for use, Opioids, pain treatment agreement.

Decision rationale: Review indicates the patient is s/p left total shoulder arthroplasty on 8/26/15 with postoperative pain and has been prescribed long-acting OxyContin and Oxycodone-Acetaminophen (Percocet) for breakthrough pain. There is noted benefit and functional improvement during this acute post-op rehabilitation period while participating in therapy and medication management. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and 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 the patient with acute pain, unable to function due to recent surgical procedure. 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 indication the patient is able to have some benefit; however, functional benefit is required prior to further consideration or weaning process needs to be considered. The patient has consistent UDS findings along with pain contract compliance. At this time, the Oxycodone/Acetaminophen (Percocet) 10/325 mg Qty 90 is medically necessary and appropriate.