

Case Number:	CM15-0206703		
Date Assigned:	10/23/2015	Date of Injury:	01/16/2013
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

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 43 year old male, who sustained an industrial injury on 1-16-13. The injured worker was being treated for shoulder region disorder and encounter for long-term use of medications. On 9-2-15, the injured worker complains of continued left arm pain which increases with use; he feels very weak and dressing is difficulty he rates his pain 9 out of 10. He also notes he is stable on current medication and has increased his activity and has a better quality of life. He is not currently working. Physical exam performed on 9-2-15 revealed tenderness at glenohumeral joint more than acromioclavicular joint of right shoulder with arm tenderness, numbness and weak grip of upper extremities. Treatment to date has included Norco 10-325mg, Percocet 10-325mg (since at least 8-3-15) and Naproxen 550mg (since at least 7-1-15). It is noted on 8-3-15 Naproxen does not help. The treatment plan included Percocet 10-325mg and Naproxen 550mg. On 9-23-15 request for Percocet 10-325mg #90 and Naproxen 550mg #60 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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Pain Chapter (Online Version), Opioids, dosing, criteria for use.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was some evidence to suggest Norco use was not effective at reducing pain significantly. Percocet was initiated to replace it, however, follow-up reports showed minimal to no benefit with its use. Moreover, records show evidence of marijuana use, multiple opioid prescribers, and history of depression and anxiety which would suggest that any opioid choice would not be an appropriate choice for this worker. Therefore, this request for Percocet will be considered medically not necessary.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was a report of pain level reducing from 10/10 to 9/10 with use of naproxen and Percocet, which isn't significant, and there was no report on how effective the naproxen was alone, except for a note which mentioned that it was not helpful. Therefore, weighing the risks of long-term regular use, and the medication being essentially ineffective, based on the documentation provided, this request for continuation of naproxen will be considered medically not necessary.