MAXIMUS Federal Services

Case Number:	CM15-0027475		
Date Assigned:	02/19/2015	Date of Injury:	12/13/2010
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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 57 year old male who sustained an industrial injury on December 13, 2010. He has reported right shoulder pain and has been diagnosed with right shoulder rotator cuff tear, right shoulder AC arthrosis, left knee meniscus tear, and left knee degenerative joint disease. Treatment has included right shoulder rotator cuff repair surgery, bilateral shoulder subacromial space corticosteroid injection, one right knee injection, one left shoulder injection, and a home exercise program. Currently the injured worker complains of pain to the right shoulder that radiates into the bicep and armpit region. The treatment plan included physical therapy. On January 14, 2015 Utilization Review modified percocet 5/325 mg # 90 and docusate 100mg x 1 month supply citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg#90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with a right shoulder and left knee pain. The patient is status post right shoulder rotator cuff surgery from 11/17/2014. The treater is requesting PERCOCET 5/325 MG, #90. The RFA was not made available for review. The patient's date of injury is from 12/13/2010, and his current work status was deferred to PTP. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Percocet on 11/26/2014. The 12/09/2014 report shows that the patient is taking Percocet following his shoulder surgery 2 times per day. He says that medications help decrease his pain by 30% to 40%, and he can do slightly more around the house. The patient also states that "Percocet is less effective than the Norco, and he did not sleep as well with the medication change. He denies side effects with medication use aside from constipation, for which he takes stool softeners with good effect." In the same report, the patient states that his current pain level is 10/10. None of the reports provide before-and-after pain scales. There are no discussions about specific ADLs. While the patient reports difficulty with sleep using his current medications, there are no aberrant drug-seeking behaviors noted such as a urine drug screen and CURES report to show adherence to medication regimen. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Docusate 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use for a therapeutic trial of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Pain Procedure Summary; Opioid -induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy for opiate use Page(s): 77.

Decision rationale: This patient presents with right shoulder pain and left knee pain. The patient is status post right shoulder rotator cuff repair surgery from 11/17/2014. The treater is requesting DOCUSATE 100 MG. The RFA was not made available for review. The patient's date of injury is from 12/13/2010, and his current work status was deferred to PTP. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. The records show that the patient was prescribed docusate on 11/26/2014. In the same report, it appears that docusate was prescribed in conjunction with opioids. While the MTUS Guidelines support the prophylactic treatment of constipation when opiates are prescribed, the quantity requested was not specified.

The current request for an unlimited quantity of Docusate is not supported by the guidelines. The request IS NOT medically necessary.