

Case Number:	CM15-0028884		
Date Assigned:	02/20/2015	Date of Injury:	04/16/2014
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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, New York
 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 59 year old female who sustained an industrial injury on 04/16/2014. Current diagnoses include pain shoulder, weakness shoulder, complete rupture of rotator cuff, tendinitis bicep, and impingement syndrome. Previous treatments included medication management, right shoulder surgery, shoulder sling, and physical therapy. Report dated 12/04/2014 noted that the injured worker presented with complaints that included continued right shoulder pain following right subacromial decompression, debridement and open rotator cuff repair performed on 10/24/2014. Physical examination was positive for abnormal findings. Utilization review performed on 01/27/2015 non-certified a prescription for Percocet, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg 1-2 tabs every 6 hours #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request is not medically necessary. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of Percocet. Urine drug screen results were not available in the chart. There were no drug contracts included in the chart or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Therefore, the request is considered not medically necessary.