

Case Number:	CM15-0213961		
Date Assigned:	11/03/2015	Date of Injury:	06/14/2007
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/30/2015

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 58-year-old female who sustained an industrial injury on 6-14-2007 and has been treated for neck and shoulder pain. Diagnoses include shoulder bursitis, myofascial pain, and shoulder joint pain. On 9-11-2015 the injured worker reported neck and bilateral pain rated as 7 out of 9 on a VAS, and worse on the right, with "significant" muscle spasms. Pain was characterized as aching and constant. Under Physical Examination, pain level was rated as 10 out of 10. Oxycodone is stated to provide 30 - 40 percent analgesic benefit, enabling her to bathe, groom, dress, and prepare meals. The note of 5-29-2015 states that in the past she has used Flexeril which caused cognitive impairment, Norco, Vicodin and Tramadol which "didn't help," and, Percocet "never helped". Per the 9-11-2015 note, CURES report shows "no doctor shopping," and her last urine toxicology report was "appropriate for current medications without aberrant behavior or adverse side effects." A urine drug screen was performed at that visit. Objective findings include mildly decreased forward flexion extension and right rotation, and there were palpable twitch positive trigger points in the bilateral trapezius, levator scapulae, and splenius cervicis. Gait was antalgic, and the right shoulder showed decreased range of motion. Documented treatment includes injections, hydrocodone for at least 6 months, and she was going to be started on Tizanidine on 9-11-2015 for myofascial pain. The treating physician's plan of care includes a request for Percocet 5-325 mg #180, and Percocet 5-325 mg #28. This was non-certified on 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5 mg -325mg #180: Upheld

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

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

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on 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 no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The note of 5-29-2015 states that in the past she has used Flexeril which caused cognitive impairment, Norco, Vicodin and Tramadol which "didn't help, and, Percocet "never helped". 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 no demonstrated evidence of specific functional benefit derived from the continuing use for at least 6 months of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2007 injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 5 mg -325mg #180 is not medically necessary and appropriate.

Percocet 5 mg -325mg # 28: Upheld

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

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

Decision rationale: 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. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on 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 no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities or decreased in medical utilization. The note of 5-29-2015 states that in the past she has used Flexeril which caused cognitive impairment, Norco, Vicodin and Tramadol which "didn't help, and, Percocet "never helped". Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of Percocet for at least 6 months in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 5 mg -325mg # 28 is not medically necessary and appropriate.