

Case Number:	CM15-0215319		
Date Assigned:	11/05/2015	Date of Injury:	02/15/2006
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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, Pain Management, Occupational Medicine

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 40 year old male, who sustained an industrial injury on 2-15-06. Medical records indicate that the injured worker is undergoing treatment for right shoulder effusion, right knee effusion, low back pain, lumbar spondylosis, chronic pain syndrome and long term use of opiate analgesics. The injured workers current work status was not identified. On (10-14-15 and 9-16-15) the injured worker complained of worse right shoulder pain as well as low back and right ankle pain. The pain was rated 4 out of 10 with medications and 8 out of 10 without medications on the visual analog scale. Medication were noted to provide 50-60% pain relief. The injured worker noted that without Percocet she is unable to tolerate any activities of daily living and at times is unable to get out of bed. Examination of the right shoulder revealed a positive impingement sign, cross-arm test and a palpable rotator cuff tear. Range of motion was essentially normal with pain and crepitus on extremes. Treatment and evaluation to date has included medications, MRI, x-rays, urine drug screen, injections and presently physical therapy. A urine drug screen done two months prior was noted to be consistent with medications. Current medications include Percocet (since at least July of 2015), Baclofen and Mobic. The current treatment request is for Percocet 10-325mg #150. The Utilization Review documentation dated 10-26-15 non-certified the request for Percocet 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 tablets of Percocet 10/325mg: Upheld

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

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: MTUS 2009 states that opioid use to treat chronic non-cancer pain should provide functional improvement in the patient. If there is no functional improvement, opioids should be discontinued. This patient continues to report significant and severe pain while using the Percocet. Furthermore there is no evidence of any vocational functional recovery. Numerous interventions are provided to treat the pain. This indicates that the Percocet is not effective. The use of Percocet in this case is not medically necessary care.