

Case Number:	CM15-0217054		
Date Assigned:	11/06/2015	Date of Injury:	06/12/2008
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 69 year old male, who sustained an industrial injury, June 12, 2008. The injured worker was undergoing treatment for cephalgia, cervical spine strain, probable rotator cuff tear right shoulder, status post presacral interbody fusion, L5-S1 with bilateral foraminotomy and removal of bony hyperostosis at L4-L5 and L5-S1 on January 17, 2014, anxiety and depression. According to progress note of October 6, 2015, the injured worker's chief complaint was right shoulder constant soreness. The lower back was constant pain of 8 out of 10 with radiation into the left foot. There was associated numbness, swelling, weakness and stiffness. There was left buttocks numbness and cramping of the left calf. The physical exam noted lumbar spine with decreased range of motion secondary to pain. The injured worker walked with an antalgic gait. There was decreased range of motion of the right shoulder after surgical repair. The injured worker previously received the following treatments Percocet 10- 325mg three times daily since March 5, 2015, Soma and Omeprazole, urine drug screening on October 6, 2015 which was negative for any unexpected findings, aqua therapy and home exercise program. The RFA (request for authorization) dated the following treatments were requested a prescription for Percocet 10-325mg #90. The UR (utilization review board) denied certification on October 26, 2015; for a prescription for Percocet 10-325mg #90.

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, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain ChronicACOEM, Chapter 6, Pain, Suffering, and the Restoration of Function Principles of Pain Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine HNP; lumbar spine radiculitis; and right shoulder internal derangement. Date of injury is June 12, 2008. Request for authorization is October 14, 2015. The documentation indicates Norco was prescribed from 2010 through 2012. Percocet was prescribed 2012 through the present. A urine drug screen was performed November 2014 there was consistent. Monthly urine drug screens were performed January 2015 through April 2015 that were inconsistent. According to an October 6, 2015 hand written progress note, subjective complaints included right shoulder soreness. There was ongoing low back pain that radiated to the left foot. Objectively, it was decreased range of motion lumbar spine. There was an antalgic gait. Range of motion right shoulder was decreased. The treatment plan was to continue Percocet. There was no documentation demonstrating objective functional improvement to support ongoing Percocet. There were no detailed pain assessments or risk assessments. There was no attempt Percocet weaning in the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no detailed pain assessments, Percocet 10/325mg # 90 is not medically necessary.