

Case Number:	CM15-0041452		
Date Assigned:	03/11/2015	Date of Injury:	09/12/2006
Decision Date:	04/16/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/04/2015

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 is a 57-year-old male, who sustained a work related injury on 9/12/06. He was forcefully pulling on some cable wires and felt "something on the left shoulder pop, crackle and tear." The diagnoses have included chronic left shoulder pain and multiple surgeries on left shoulder. Treatments to date have included acupuncture without benefit, left shoulder surgery x 3, CT Arthrogram left shoulder on 2/6/14 and medications. In the PR-2 dated 2/4/15, the injured worker complains of chronic left shoulder pain that is aggravated by arm movement. He has burning and tingling in his left shoulder. He has moderate tenderness He has decreased range of motion in left shoulder. The treatment plan is to request authorization for renewal of prescriptions of Percocet and Gabapentin. The injured worker states the pain medication is helping him to perform activities of daily living. The Gabapentin is helping to reduce the tingling and burning in left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anti-epilepsy drugs, (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are chronic left shoulder pain; multiple surgeries to left shoulder including subacromial the compression, tenodesis, hemi-arthroplasty, and most recently total arthroplasty surgery. The documentation according to a February 4, 2015 progress note indicates subjectively, the injured worker admits to reducing alcohol consumption to four beers per day. He continues to experience chronic left shoulder pain is aggravated left arm. Pain escalates to a 9.5/10 but currently is 6/10. The injured worker takes Percocet every evening because it causes daytime sedation and takes tramadol in the daytime. Gabapentin helps reduce tingling and burning in the left shoulder. The injured worker would like to request on increase in the gabapentin dose. There is no clinical documentation evidencing objective functional improvement. Subjectively the injured worker still complains of 9.5/10 on the pain scale with the current pain scale of 6/10. The request is to refill gabapentin 300 mg #90. The treatment plan indicates gabapentin is increased to 400 mg one tablet TID. Consequently, absent clinical documentation with objective functional improvement and a continued VAS pain scale of 6/10 escalating to 9.5/10, Gabapentin 300 mg #90 is not medically necessary.

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg # 60 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 by the 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. In this case, the injured worker's working diagnoses are chronic left shoulder pain; multiple surgeries to left shoulder including subacromial the compression, tenodesis, hemi-arthroplasty, and most recently total arthroplasty surgery. The documentation according to a February 4, 2015 progress note indicates,

subjectively, the injured worker admits to reducing alcohol consumption to four beers per day. The treating physician prescribed Percocet as far back as May 12, 2012. Percocet reportedly causes daytime sedation and takes 1 to 2 tablets in the evening. The injured worker takes tramadol during the day. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. The documentation does not contain evidence of objective functional improvement from ongoing Percocet use and to gauge its efficacy. Subjectively, the worker continues to complain of chronic pain with the VAS pain score of 6/10 escalating as high as 9.5/10. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Percocet's efficacy, Percocet 10/325 mg #60 is not medically necessary.

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, second prescription for Percocet 10/325 mg # 60 not to be filled until March 4, 2015 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 by the 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. In this case, the injured worker's working diagnoses are chronic left shoulder pain; multiple surgeries to left shoulder including subacromial the compression, tenodesis, hemi-arthroplasty, and most recently total arthroplasty surgery. The documentation according to a February 4, 2015 progress note indicates subjectively, the injured worker admits to reducing alcohol consumption to four beers per day. The documentation according to a February 4, 2015 progress note indicates, subjectively, the injured worker admits to reducing alcohol consumption to four beers per day. The treating physician prescribed Percocet as far back as May 12, 2012. Percocet reportedly causes daytime sedation and takes 1 to 2 tablets in the evening. The injured worker takes tramadol during the day. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. The documentation does not contain evidence of objective functional improvement from ongoing Percocet use and to gauge its efficacy. Subjectively, the worker continues to complain of chronic pain with the VAS pain score of 6/10 escalating as high as 9.5/10. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Percocet's efficacy, second prescription for Percocet 10/325 mg # 60 not to be filled until March 4, 2015 is not medically necessary.