

Case Number:	CM15-0055407		
Date Assigned:	03/30/2015	Date of Injury:	04/02/2007
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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, North Carolina
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 47 year old female, who sustained an industrial injury on 4/2/07. She reported low back pain, neck pain, and bilateral upper extremity pain. The injured worker was diagnosed as having chronic right shoulder pain, bilateral medial epicondylitis, bilateral wrist pain/carpal tunnel syndrome status post carpal tunnel release on 8/31/11, and cervical pain on the right side. Treatment to date has included right arthroscopic acromioplasty, Mumford procedure, biceps tenodesis, and rotator cuff repair on 3/10/15. A MRI dated 7/5/13 revealed extensive tendinopathy as well as a tear of the supraspinatus and superior labrum. An electromyogram/ nerve conduction study performed on 12/26/13 revealed findings consistent with left carpal tunnel syndrome. Currently, the injured worker complains of right shoulder and bilateral wrist pain with numbness and tingling. The treating physician requested authorization for Percocet 10/325mg #90. The treatment plan included shoulder surgery on 3/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg tid #90 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The California MTUS Chronic Pain Guidelines related to on-going treatment with opioids state that there should be documentation and on-going review of pain relief, functional status, appropriate use and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid. The MTUS Guidelines note that a recent epidemiologic study found that opioid treatments for non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, quality of life, and/or functional capacity. The ODG state, "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to medical and psychological treatments, it is not generally effective in achieving the original goals of complete pain relief and functional restoration." In this case the treatment with Percocet appears to be on-going, without an attempt to taper the medication. The medical records submitted to not document all of the elements listed above, including the level of functional improvement afforded by chronic opioid therapy. Thus, the on-going Percocet is not medically necessary or appropriate.