

Case Number:	CM15-0086550		
Date Assigned:	05/08/2015	Date of Injury:	05/24/1995
Decision Date:	06/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury, May 24, 1995. The injured worker previously received the following treatments and diagnostics; random toxicology laboratory studies nothing detected, self-directed home exercise program, right shoulder steroid injection, Percocet and Naprosyn. The injured worker was diagnosed with depression, right shoulder arthroscopic surgery, right shoulder rotator cuff syndrome, bilateral carpal tunnel syndrome status post median flap procedure on the right, multilevel cervical degenerative disc disease, cervical spinal stenosis, cervical herniated nucleus pulposus and opioid dependence. According to progress note of December 2, 2014, the injured workers chief complaint was right shoulder and arm pain and neck pain. The injured worker rated the pain 7 out of 10. The injured worker noted increased stiffness in the right shoulder with the exposure to the colder weather. The Percocet was reducing the injured workers pain by 50% without any adverse reactions. The physical exam noted the injured worker in moderate discomfort. The injured worker guarded the right upper extremity. There was limited range of motion to the cervical spine in all planes. There was moderate right-sided cervical paraspinal muscle and upper trapezius muscle tenderness to palpation. The treatment plan included prescription renewals for Naprosyn and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Naprosyn 500mg with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic treatment with NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The records show that the patient reported pain relief and increased ADL with utilization of medications. There is no report of adverse medication effect. The criteria for the use of Naprosyn 500mg with 1 refill were met and the request is medically necessary.

60 tablets of Percocet 5/325mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized opioids for prolonged periods. The documentation did not show guidelines mandated compliance of consistent UDS reports, absence of aberrant behavior, functional restoration of failed treatment with non opioid co-analgesics. The guidelines recommend that patients with co-existing psychosomatic disorders be treated with anticonvulsant mood stabilizers and antidepressant medications with analgesic effect. The criterion for the use of Percocet 5/325mg #60 with 1 refill was not met and the request is not medically necessary.