

Case Number:	CM14-0111456		
Date Assigned:	08/01/2014	Date of Injury:	12/18/2012
Decision Date:	09/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old patient had a date of injury on 12/18/2012. The mechanism of injury was cumulative trauma injuries to her head, right shoulder, right hand and wrist during course of employment as nurse aide. In a progress noted dated 4/14/2014, subjective findings included wrist, hand, and low back pain. On a physical exam dated 4/14/2014, objective findings included well-nourished and tenderness of right shoulder. There is mild biceps tenderness and severe AC joint tenderness. Diagnostic impression shows rotator cuff tear along with AC joint arthrosis that are symptomatic. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/16/2014 denied the request for Percocet(quantity and dosage not given), stating that there was no frequency, duration and amount specified, so the request cannot be analyzed based on lack of key information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet (dosage and quantity not given): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, the dosage, quantity, and frequency of this opioid were not notated. The medical necessity of this medication cannot be determined without this information. Therefore, the request for Percocet (no dosage and quantity specified) was not medically necessary.