

Case Number:	CM14-0128437		
Date Assigned:	08/15/2014	Date of Injury:	09/25/2009
Decision Date:	10/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 54-year-old female who reported injury on 09/25/2009. The mechanism of injury was boxes struck the injured worker's shoulder. The injured worker had a left shoulder arthroscopy with subacromial decompression and possible rotator cuff repair. Prior therapies included facet injections. The injured worker's medication included opiates as of at least 04/2014. The diagnostic studies were not provided. The documentation of 06/12/2014 revealed the injured worker had subjective complaints of cervical spine and left shoulder pain. The injured worker was taking Percocet which was noted to control her pain and took her pain from a 9/10 to a 3/10 with medications. The injured worker was able to perform more activities of daily living around the house with the medication. The examination of the cervical spine revealed severe decreased range of motion with hypertonicity over the trapezius bilaterally. The Spurling's test was positive on the left. The cervical compression test was positive. The injured worker had 4/5 strength on the left at C5 through C8. Sensation was normal in the C5 nerve root distribution bilaterally and C6-7-8 on the right and was decreased in the same distribution from C6 through C8 on the left. The deep tendon reflexes were 1+ in the brachioradialis and triceps bilaterally. The physical examination of the left shoulder revealed decreased range of motion with flexion at 160 degrees, abduction 160 degrees, internal rotation at 60 degrees, and external rotation at 70 degrees. The injured worker's Neer's and Hawkins impingement tests were positive. The muscle strength was 4+/5 with flexion and abduction. The diagnoses included left shoulder rotator cuff syndrome, left shoulder adhesive capsulitis, cervical disc herniation multilevel, chronic cervical strain, and anxiety. The treatment plan included the injured worker had a spinal consultation on 06/20/2014 and a request was made for bilateral upper extremity EMG and NCV to allow radiculopathy versus brachial arthropathy of the left shoulder. Additionally, the request was

made for Keratek analgesic gel and Percocet, Elavil, Zanaflex, and Restoril. There was no rationale for the requested medication. There was a detailed request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates as a treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had a decrease in pain with the medication. The injured worker had documentation of objective functional benefit. Additionally, the injured worker was monitored through urine drug screens. There was a lack of documentation of side effects. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg #120 is not medically necessary.