

Case Number:	CM14-0131852		
Date Assigned:	08/22/2014	Date of Injury:	08/20/2013
Decision Date:	10/20/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a male patient with the date of injury of August 20, 2013. A Utilization Review was performed on July 28, 2014 and recommended non-certification of Percocet 5/325 mg one tablet q6-8hr #90. A Progress Report dated July 2, 2014 identifies Subjective Complaints of ongoing discomfort in his left shoulder. Overhead activity causes pain. Physical Examination identifies mild loss of active motion still present. Continued mild weakness throughout all planes. Assessment identifies status post left shoulder rotator cuff repair April 1, 2014 and acromioclavicular joint arthritis left shoulder. Treatment Plan identifies provided with a refill of Percocet 5/325 mg one tablet q6-8hr #90. Side effects were discussed. The patient noted he finds the medication effective for pain relief and it improves his ability to perform daily activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg # 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, while Percocet is noted to improve the patient's function and pain, there is no documentation of specific examples of functional improvement and percent reduction in pain or reduced NRS. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.