

Case Number:	CM14-0097910		
Date Assigned:	07/28/2014	Date of Injury:	07/02/2013
Decision Date:	09/18/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine 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:

The claimant was injured on 07/02/13. Percocet is under consideration as a postop medication. He is status post left shoulder rotator cuff repair. Surgery, postop Norco, and postop PT were certified but Percocet was not certified. He reported taking 2 Norco tablets, sometimes every 2 hours. He had difficulty sleeping. He underwent left shoulder arthroscopic surgery on 12/10/13. He reported worsening left shoulder pain. MRI of the left shoulder dated 04/14/14 revealed a complete tear of the supraspinatus tendon with retraction. It was not clear why he would require two postop opioids. He was also diagnosed with tardy ulnar nerve palsy for which he was given a brace on 10/09/13. At that time, these medications were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 Quantity 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Percocet 10/325 mg #40 for postop use. The MTUS outlines several components of initiating and continuing opioid treatment and states, "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non- opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Percocet is unclear and he was also given another similar opioid, Norco. There is no explanation in the records for a need for two short acting opioids for postoperative pain. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the use of Percocet 10/325 mg #40 is not medically necessary.