

Case Number:	CM14-0159257		
Date Assigned:	10/30/2014	Date of Injury:	01/15/2013
Decision Date:	03/02/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 53 year old female with the injury date of 01/15/13. Per physician's report 09/10/14, the patient has chronic pain in her neck, right shoulder and right arm. The patient had a successful right shoulder arthroscopy with pain reduction and ROM improvement. The patient is currently receiving aqua therapy. Finkenstein's test is positive. There is palpation over right wrist and the first dorsal compartment. The patient is currently taking Anaprox and Norco. The lists of diagnoses are: 1) Right shoulder adhesive capsulitis S/P lysis of adhesions 2) Right biceps tendonitis S/P biceps tenotomy 3) First dorsal compartment tenosynovitis, right wrist 4) Flexor carpi radialis tendonitis, right wrist 5) Chronic pain syndrome 6) Depression associated with industrial injury Per 08/27/14 progress report, the patient reports increased pain level. The patient states that medications are working well. The patient is taking Percocet, Wellbutrin and Naprosyn. The patient stopped taking Tramadol, due to its side effects of hot flashes. She stopped taking Norco due to its limited efficacy. The treater requested Percocet for moderate to severe pain. CURES report [was] reviewed and no aberrant behaviors [were] noted. The treater will switch Cymbalta to Elavil for pain control and depressed mood due to her glaucoma. Per 08/13/14 progress report, the patient is taking Cymbalta, Percocet and Naprosyn. The patient states that medications are working well. Urine Toxicology Screen was performed with consistent result. The patient is taking Wellbutrin and Percocet. The utilization review letter 09/16/14 modified the request of Percocet #90 to #45 because this medication should not be abruptly discontinued. Treatment reports were provided from 05/16/14 to 09/12/14, 03/24/14 to 09/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5-325mg tablet, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: The patient presents pain in her right shoulder and right wrist. The request is for PERCOCET 5/325mg #90. The patient has been utilizing Percocet since 06/30/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provides CURES and drug screening report. There are documentations which specifically discuss side effects and aberrant drug seeking behavior. However, analgesia and ADL's are not discussed. There are no before and after pain scales required by the MTUS. The utilization review letter 09/16/14 modified the request of Percocet #90 to #45 because "this medication should not be abruptly discontinued." The current request for Percocet #60 at this time IS NOT medically necessary.