

Case Number:	CM15-0101629		
Date Assigned:	06/04/2015	Date of Injury:	03/19/2002
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 74-year-old female, who sustained an industrial injury on 03/19/2002. She has reported injury to the neck and left shoulder. The diagnoses have included substantial myofascial pain and spasm, tortocollus left; cervical disc and facet injury cervical spine; and adhesive capsulitis left shoulder. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Percocet and Valium. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain; pain is rated as a 10 on a scale of 1-10 with 10 being the worst; pain is described as aching, burning, deep, localized, shooting, throbbing, pulling, and pinching; activity worsens the condition; cervical pain, rated as a 4 on a scale of 1-10; radicular pain in the right and left arm and weakness in the right and left arm; pain is described as aching, burning, crushing, deep, shooting, and tight; and she continues to note substantial benefit of the medications, and she has nociceptive, neuropathic, and inflammatory pain. Objective findings included decreased and painful left shoulder range of motion; C6 and C7 dermatomes demonstrate decreased light touch sensation on the left; cervical spine exam reveals pain to palpation over the C3 to C4, C4 to C5, C5 to C6 facet capsule; pain with rotational extension indicative of facet capsular tears left; positive Spurling's maneuver, positive maximal foraminal compression testing left; and she shows increased range of motion, however, she has significant myofascial pain and reaction to the examination, and this is worsened from today's evaluation. The treatment plan has included Percocet 5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: 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 Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore, the prescription of Percocet 5/325mg #90 is not medically necessary.