

Case Number:	CM15-0017774		
Date Assigned:	02/05/2015	Date of Injury:	05/16/2013
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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: California, Hawaii

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 injured worker is a 41-year-old male patient, who sustained an industrial injury on 05/16/2013. A primary treating office visit dated 12/30/2014 reported the patient with subjective complaint of right sided neck pain, interscapular pain that has worsened. The pain is associated with numbness and tingling into the medial 4 fingers. He continues with a home exercise program and pending authorization for a epidural steroid injection. The patient underwent right shoulder surgery 10/01/2013 and he is allergic to Relafen. The following medications are prescribed; Gabapentin 300, Ibuprophen 800 and Percocet 10/325. Discontinued medications include; Voltaren Gel, Norco, Percocet 5mg, Cyclobenzaprine and Ativan. Prior treatment modalities are to include; 3 subcromial injections preoperatively, one subcromial injection postoperatively, physical therapy pre and post operatively, electric nerve conduction study, and now status post 2nd surgery treating supraspinatus tear repair and labral repair on 04/17/2014. Since the most recent surgical intervention the patient is currently participating in post-operative physical therapy. He also had a steroid injection administered on 06/13/2014 with noted moderate pain relief, but with physical therapy and home exercise program his pain has worsened. The plan of care mentioned switching from Percocet due to cognitive foginess to Norco which he has had positive effect from in the past. The following diagnoses are applied; full thickness rotator cuff tear; fibromyositis, cervical radiculopathy, adhesive capsulitis of shoulder, disorder of bursa shoulder region, psycho-physiologic disorder, and brachial plexus disorder. A request was made asking for Percocet 10/325 MG and on 01/09/2015 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain Opioids was cited. The

injured worker submitted an application on 01/30/2015 for independent medical review of requested service.

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 Page(s): 74.

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

Decision rationale: The patient continues to have pain in the interscapular area on the right side, with radiating pain into the right shoulder, forearm and lateral three digits. The current request is for Percocet 10-325mg #120. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The 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 for documentation of the clinical use of these controlled drugs." In this case, there is no documentation for continued opioid usage and there is no discussion regarding adverse side effects or aberrant drug behaviors. The available records do not address pain levels with and without Percocet. They also fail to address the functional benefit of the Percocet. There is no documentation that the patient has returned to work because of the use of Percocet. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial.