

Case Number:	CM15-0114980		
Date Assigned:	06/23/2015	Date of Injury:	06/02/2011
Decision Date:	07/27/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female who sustained an industrial injury in a fire on 06/02/2011 resulting in pain to the neck and bilateral shoulders, and lungs. Treatment provided to date has included: left shoulder surgery (06/27/2014); physical therapy (31 sessions), lung biopsy (05/14/2015), medications, psychological evaluation/therapy, and conservative therapies/care. Diagnostic tests performed include: MRIs of the shoulders showing a rotator cuff tear with widening of the acromioclavicular (AC) joint, bursitis and bicep tendonitis in the left shoulder; and x-rays of the right shoulder showing a type II acromion with evidence of a previous partial distal clavicle excision and degenerative changes of the AC joint. Comorbidities include acid reflux, asthma, bronchitis, COPD/emphysema, and hay fever/allergies. There were no other dates of injury noted. On 05/20/2015, physician progress report noted complaints of post-operative pain with moderate breathing. The injured worker had recently undergone a lung biopsy on 05/14/2015 for which she was hospitalized for 4 days. Upon discharge, the injured worker was prescribed Percocet for post-operative pain. No pain rating was provided. Current medications include Norco 7.5/325mg 3 times per day, tramadol 50mg 4 times per day, symbicort, Montelukast, and omeprazole which are prescribed by other physicians. The physical exam revealed decreased breath sounds in the right lung base, no rales, and coughing with the attempt at moderate deep breathing. The provider noted diagnoses of nausea alone, acute pneumonitis chemical, depression, and other chronic pain. Plan of care includes Percocet for pain, and continued other medications. The injured worker's work status remained temporarily

totally disabled. The request for authorization and IMR (independent medical review) includes Percocet 5/325mg (1-2 tablets every 6 hours as needed for pain) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 77, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-77.

Decision rationale: The MTUS (Medical Treatment utilization Schedule) states the Percocet is a short-acting opioid which consist of Oxycodone combined with acetaminophen. The MTUS also requires certain steps prior to initiating a trail of opioid medications which include: 1) attempt treatment with non-opioid analgesics prior to initiating opioid treatment, 2) establish baseline pain and a functional assessment (which includes: social, physical, psychological, and daily and work activities) using a validated instrument or numerical rating scale, and 3) establish a pain related assessment which should include history of pain treatment and effects of pain and function. The MTUS also recommends certain actions for ongoing management of opioid therapy which includes: 1) prescriptions should be from a single practitioner and all prescriptions should be from a single pharmacy. A review of the injured workers medical records that are available for my review reveal that the injured worker is currently on chronic opioid therapy with multiple drugs which include Norco and Tramadol which have been prescribed by her primary treating physician and she was prescribed Percocet for post-operative pain use by her pulmologist. Unfortunately, given that this is a chronic pain patient who is already on opioids, there is no documentation that her current regimen is inadequate for controlling her pain and that Percocet is being prescribed for additional post-operative break through pain and without this information there is no way to determine if Percocet is medically necessary. Therefore, the request for Percocet 5/325mg #60 is not medically necessary.