

Case Number:	CM15-0116541		
Date Assigned:	06/24/2015	Date of Injury:	04/05/2012
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 4/5/02. Initial complaints were not reviewed. The injured worker was diagnosed as having status post frozen right shoulder; left shoulder chronic degenerative joint disease; tendinopathy rotator cuff old scarring/degenerative joint disease left shoulder. Treatment to date has included status post right shoulder rotator cuff repair; left shoulder injection; status post manipulation under anesthesia for frozen right shoulder; urine drug screening; medications. Diagnostics included MRI left shoulder (11/23/14). Currently, the PR-2 notes dated 5/18/15 indicated the injured worker complains of right shoulder pain with no changes and notes it radiates to the neck. The injured worker reports the pain is rated at 4-5/10 in the left shoulder and 7-8/10 without medication. It decreased to 1-2/10 and 5-6/10 respectively. He notes difficulty lifting/pushing/pulling any motion and pain with overhead/repetitive/weighted activity. He has difficulty gripping/repetitive motions. He complains of myofascial pain and night pain with a feeling of popping/clunking/grinding in the shoulder with weakness and a sensation of instability. A complete shoulder examination was performed and documented. The provider notes the right shoulder has tenderness to palpation/myofascial pain with motion loss. The left shoulder has rotator cuff weakness and instability with motion loss. He has a diagnosis listed as impingement syndrome; rotator cuff tendonitis/bursitis; adhesive capsulitis. The provider is requesting the continuance of Percocet 10/325mg #180. A progress report dated January 26, 2015 states that the patient is taking 5 Percocet a day and indicates that "it is not helping him." A progress report dated April 20, 2015 states that the patient is "not responding to Percocet."

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). Additionally, there are contradictory reports regarding any analgesic efficacy from this medication. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.