

Case Number:	CM15-0118336		
Date Assigned:	07/31/2015	Date of Injury:	10/05/2007
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/18/2015

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

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 45-year-old, male who sustained a work related injury on 10-5-07. The diagnosis has included shoulder pain. Treatments have included physical therapy, pain management psychotherapy, oral medications, Lidoderm patches, and left shoulder surgery. In the Visit Note dated 6-9-15, the injured worker reports left shoulder pain. He rates his pain level a 5 out of 10. He rates his pain level without medications a 9 out of 10. He notes pain is progressively worsening in left shoulder. His quality of sleep is poor. There is no change in activity level, as it remains the same. He states the medications are working well. No side effects reported. On physical exam, left shoulder range of motion is restricted with flexion limited by pain to 80 degrees and abduction limited by pain to 40 degrees. He has tenderness to palpation in the left acromioclavicular joint, glenohumeral joint and greater tubercle of humerus. He is not working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS, Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 06/09/15 with left shoulder pain rated 9/10 without medications, 5/10 with medications. The patient's date of injury is 10/05/07. Patient is status post right shoulder surgery at a date unspecified. The request is for PERCOCET 10/325MG #90 WITH 1 REFILL. The RFA was not provided. Physical examination dated 06/09/15 reveals a well healed surgical incision, restricted range of motion in all planes, and tenderness over the acromioclavicular joint. Decreased light touch sensation along the left forearm and hand is also noted. The patient is currently prescribed Lidoderm patches, Duexis, Percocet, and Trazodone. Patient is currently classified as permanent and stationary. MTUS Guidelines, Criteria For the Use of Opioids for Long-term Users of Opioids (6-months or more) section, page 88-89 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, Therapeutic trial of opioids, section on On-Going Management requires documentation of the 4As -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 regard to the continuation of Percocet for the management of this patient's chronic pain, the request is not supported per MTUS. Guidelines require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Per progress note dated 06/09/15 the provider does include documentation of a reduction in pain from 9/10 to 1/10 attributed to opioid medications, notes several activity- specific functional improvements, consistent urine drug screening to date, and a stated lack of aberrant behavior. In this case, the MTUS documentation criteria have been satisfied. More importantly, MTUS p80, 81 also states the following regarding narcotics for chronic pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). This patient has been prescribed narcotic medications for many years. Without evidence of an existing condition which could cause nociceptive pain, continuation of this medication cannot be substantiated and the patient should be weaned. The request IS NOT medically necessary.