

Case Number:	CM15-0170056		
Date Assigned:	09/10/2015	Date of Injury:	01/23/1998
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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 57 year old female who sustained an industrial injury on 01-23-1998. Current diagnoses include chronic right shoulder pain, impingement syndrome, chronic neck pain, chronic left shoulder pain, history of bilateral carpal tunnel releases, and chronic myofascial back pain. Report dated 07-07-2015 noted that the injured worker presented with complaints that included neck and bilateral shoulder pain. Pain level was 5-7 (with medications) out of 10 on a visual analog scale (VAS). Current medications include Percocet, Cymbalta, and Prilosec. Physical examination was positive for limited range of motion in the left shoulder, tenderness in the cervical paraspinal musculature on the left, spasms in the paraspinal region, twitch response over the left upper trapezius and referred pain towards the base of the neck, and some trigger points in this region. Previous treatments included medications, shoulder injection, surgical intervention, trigger point injections, and home exercise. The treatment plan included refilling Percocet, request for trigger point injection, and follow up in one month. Currently the injured worker is not working. The injured worker originally was prescribed Percocet 5-325mg since at least 04-20-2015 and was changed to Percocet 10-325mg on 05-18-2015. Request for authorization dated 07-17-2015, included requests for trigger point injection and Percocet 10-325mg, #120. The utilization review dated 07-28-2015, modified the request for Percocet 10-325mg, #120 to Percocet 10-325mg, #60 based on the following rationale. The utilization reviewer stated, "The documentation submitted for review indicated that the patient was receiving functional improvement with the use of her medication, as well as quantitative decrease in pain. However no official urine drug screens were provided to validate the patient's

compliance with her medication regimen and show that she is being monitored for compliance and aberrant behaviors. Without this information continuing the medication would not be supported. It is recommended that these medications be weaned rather than abruptly discontinuing their use."

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 4 times daily #120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Review indicates the patient has an increase in dosing of Percocet from 5-325mg to 10-325mg since at least April 2015 without documented functional benefit, remaining not working. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 1998 injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 10/325 mg, 4 times daily #120 with no refills is not medically necessary and appropriate.