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| Case Number: | CM15-0095647 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 07/30/2013 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 35 year old male who sustained an industrial injury on 07/30/2013. There was no mechanism of injury documented. The injured worker was diagnosed with degenerative cervical spinal canal stenosis, cervical facet arthropathy, cervical radiculopathy, left medial epicondylitis, left triceps tendonitis, left acromioclavicular joint arthropathy, left shoulder impingement syndrome, left cubital tunnel syndrome, costochondritis and lumbar strain. No surgical interventions were documented. Treatment to date has included diagnostic testing with recent left shoulder magnetic resonance imaging (MRI) on March 20, 2015; cervical facet blocks in February 2015 with good results, physical therapy and medications. According to the primary treating physician's progress report on April 17, 2015, the injured worker continues to experience neck, mid back and left shoulder pain rated as 5-6 out of 10 with medications and 8 out of 10 on the pain scale without medications. Examination of the left shoulder demonstrated no evidence of appreciable swelling or atrophy of the shoulder musculature. There was tenderness to palpation over the left supraspinatus and acromion process. Range of motion of the left shoulder was documented as flexion at 125 degrees, extension 33 degrees, and abduction at 118 degrees, adduction at 20 degrees, external rotation at 70 degrees and internal rotation was normal. There was pain with motion on flexion, extension, adduction and external rotation. Positive impingement signs were noted on the left shoulder. Current medications are listed as OxyContin, Norco, Anaprox, Fexmid, Restoril and Protonix. Treatment plan consists of authorized radiofrequency ablation from C2-C4 bilaterally (scheduled for April 24, 2015), left shoulder physiotherapy, consideration for left surgical options, thoracic spine X-ray results for review,

discontinue OxyContin due to nausea side effects and the current request for Percocet 10mg-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco and NSAIDS for over a year without significant improvement in pain or function. There was also prior Oxycontin use. No one opioid is superior to another. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.