

Case Number:	CM13-0003294		
Date Assigned:	03/03/2014	Date of Injury:	07/25/2005
Decision Date:	05/23/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old female with a 7/25/05 date of injury. At the time (6/13/13) of request for authorization for 1 IM injection of Toradol 60mg and 1 prescription of Nucynta 100mg #120, there is documentation of subjective (bilateral shoulder pain that is 8/10 with medications and 9-10/10 without) and objective (only vitals made available for review at or prior the time of request) findings, current diagnoses (right shoulder surgery in 2000 and 2010, left shoulder arthroscopy in 2005, adhesive capsulitis, chronic pain syndrome, myofascial syndrome, and prescription narcotic dependence), and treatment to date (physical therapy, TENS unit, and medications (including Nucynta since at least 12/27/12)).

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INTRAMUSCULAR INJECTION OF TORADOL 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketorolac

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies documentation of short term use (≤5 days) of a Toradol injection for moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Toradol injection. In addition, ODG identifies that Ketorolac injections are recommended as an option to corticosteroid injections, with up to three subacromial injections. Within the medical information available for review, there is documentation of diagnoses of right shoulder surgery in 2000 and 2010, left shoulder arthroscopy in 2005, adhesive capsulitis, chronic pain syndrome, myofascial syndrome, and prescription narcotic dependence. However, there is no documentation that the requested Toradol injection would be used for the short term management (≤5 days) of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for 1 im injection of Toradol 60mg is not medically necessary.

NUCYNTA 100MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation ODG, Pain Chapter, Tapentadol

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of right shoulder surgery in 2000 and 2010, left shoulder arthroscopy in 2005, adhesive capsulitis, chronic pain syndrome, myofascial syndrome, and prescription narcotic dependence. In addition, there is documentation of ongoing treatment with Nucynta since at least 12/27/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids. Furthermore, despite documentation of shoulder pain that is 8/10 with medications and 9-10/10 without, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Nucynta use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Nucynta 100mg #120 is not medically necessary.

