

Case Number:	CM13-0028137		
Date Assigned:	11/22/2013	Date of Injury:	11/16/2010
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 57-year-old female who reported an injury on 11/16/2010. The patient is status post right shoulder diagnostic arthroscopy, arthroscopic debridement of a SLAP tear, glenohumeral joint synovectomy, chondroplasty and debridement of the glenohumeral joint, subacromial decompression with bursectomy and debridement of the rotator cuff tendon, acromioclavicular joint Mumford procedure, rotator cuff repair, and biceps tenodesis which was followed up by shoulder manipulation under anesthesia. The patient's chronic pain was managed postoperatively with medications. The patient was monitored for aberrant behavior by urine drug screens. The most recent urine drug screen submitted for review did not provide evidence of Nucynta. The patient's most recent clinical exam findings included right shoulder range of motion described as 90 degrees with active forward flexion and 110 degrees with passive forward flexion, and 70 degrees in abduction with a positive impingement sign. The patient's diagnoses included bursa and tendon disorders of the shoulder region, cervical spondylosis without myelopathy, muscle spasms, brachial neuritis or radiculitis, pain in limb. The patient's treatment plan included continuation of medications to include Nucynta, tizanidine, and Senokot and a right acromioclavicular joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta, refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Nucynta refill is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient does have chronic pain managed by medications. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by an assessment of pain relief, documentation of functional benefit, an assessment of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior. It is also documented that the patient has regularly inconsistent urine drug screens. Also, the clinical documentation submitted for review does not provide any quantitative data to support the patient has significant functional benefit or pain relief resulting from this medication. As such, the requested Nucynta refill is not medically necessary or appropriate.