

Case Number:	CM13-0034437		
Date Assigned:	12/06/2013	Date of Injury:	07/25/2005
Decision Date:	06/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 53 year old female who sustained a work-related injury on 7/25/05. She had bilateral shoulder surgery on 8/29/13. Her diagnoses include chronic pain syndrome, bilateral shoulder pain, bilateral shoulder capsulitis, myofascial pain, neuropathic pain, and prescription narcotic dependence. The treating physician is an addiction and pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PRILOSEC 20MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Rec.

Decision rationale: The patient had shoulder surgery on 8/29/13. The pain management physician, [REDACTED], states that she has a history of GI distress with NSAIDs, and that [REDACTED] has the patient taking an NSAID for the next three months. The MTUS states that a proton pump inhibitor such as Prilosec can be used for the treatment of dyspepsia secondary to NSAID therapy. As such, the request is medically necessary.

PRESCRIPTION OF NUCYNTA 100MG, #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pg 8-9 of 127 Pain Outcomes and Endpoints Pa.

Decision rationale: The MTUS states that when prescribing controlled substances for pain, a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and breakthrough pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. The 9/12/13 report from [REDACTED] states that Nucynta reduces pain by 30-50%. He states that the patient uses Butrans patches for pain, as there is a history of prescription dependence; Nucynta has been prescribed for breakthrough pain, and the patient would not be able to function without it. On reviewing the PR2s, it appears that [REDACTED] has reported pain levels with and without medication on the 3/26/13, 4/11/13, 5/30/13, 6/3/13, 7/1/13, 9/12/13, and 10/1/13 reports. The reporting and use of Nucynta appears to be in accordance with MTUS guidelines. As such, the request is medically necessary.