

Case Number:	CM13-0034985		
Date Assigned:	12/11/2013	Date of Injury:	08/01/1992
Decision Date:	04/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/16/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 50 year old man who sustained a work-related injury on August 1, 2012. Subsequently he developed chronic neck and left shoulder pain. According to the note dated on May 29, 2013, the patient was complaining of left shoulder and neck pain. The patient was treated with physical therapy and pain medication including Percocet, Naprosyn and Nucynta. MRI of the cervical spine performed on May 22, 2012 demonstrated a C5-C6 disc protrusion. Her left shoulder MRI demonstrated acromial bursitis. Her physical examination demonstrated positive Tinel sign, positive tenderness at the left shoulder, tenderness with reduced range of motion and myofascial pain. The provider requested authorization to use Naprosyn, percentile and Percocet for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDS section, Naproxen is indicated for pain management of chronic neck or back pain. The patient was on Naproxen without any clear evaluation of its efficacy and any screening for potential adverse reactions such as renal, GI and liver dysfunction. There is a need for more information regarding the safety and efficacy of previous use of Naproxen. Therefore, the prescription of Naprosyn 50mg is not medically necessary until more information about the patient condition is available.

NUCYNTA ER 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. There no documentation of functional improvement. Therefore the prescription of Nucynta 50mg is not medically necessary.

PERCOCET 5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function and ongoing review and documentation of pain relief, functional status, appropriate

medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence and documentation from the patient file, of a continuous need for Percocet 5/325mg. There no documentation of functional improvement. Therefore the prescription of Percocet 5/325mg is not medically necessary.

DORSAL RAMI DIAGNOSTIC BLOCKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, facet joint injection is not recommended in case of back pain and neck pain. Cervical diagnostic facet block is not recommended. There is no clear documentation of the outcome of a previously recommended facet injection. Furthermore, the patient has neurological findings suggestive of radiculopathy. Therefore, the request for dorsal rami diagnostic blocks is not medically necessary.