

Case Number:	CM13-0044960		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2010
Decision Date:	05/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 53 year old woman who sustained a work-related injury on November 16, 2010. Subsequently, she developed chronic neck, lower back, left knee, left upper arm, and shoulder pain. The patient did have surgery on her left knee on March 31, 2011. According to the note dated on June 27, 2013, the patient was complaining of headaches, lower back, upper back, and neck pain. Similar findings were reported on August 15 2013. The patient was treated with physical therapy and pain medication including Nucynta, and Carisoprodol. MRI of the left shoulder performed on October 24, 2011 demonstrated tendinosis and a low to moderate grade intrasubstance supraspinatus tendon tear and significant acromioclavicular degenerative changes. Her physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. Her provider requested authorization to use Nucynta, Clonazepam, and Soma for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 100MG #120, REFILL X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and 9792.20 Medical Treatment Utilization. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 form the patient file, of a continuous need for Nucynta. There is no documentation of functional improvement. Therefore the prescription of Nucynta 100mg# 120 is not medically necessary.

CLONZAEPAM (KLONOPIN) 1.0 MG BID #60, REFILL X A: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs; and ACOEM Guidelines Chronic. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient injury was on 2010 and there is no documentation of anxiety. Therefore the use of Klonopin is not medically necessary.

CARISOPRODOL (SOMA) 350MG #60, REFILL X 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Page(s): 29.

Decision rationale: According to MTUS guidelines, Soma is not recommended for long term use. It is prescribed for muscle relaxation. There is no recent clear report of muscle spasms in the patient file. Therefore, Soma 350 mg # 60 is not medically necessary.