

Case Number:	CM13-0048182		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2005
Decision Date:	05/22/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 52-year-old female who was injured on 7/25/05. Recent clinical records for review include an 11/27/13 follow up report. It was noted that he was three months status post left subacromial decompression and debridement and attending physical therapy. There is noted to be increased pain with range of motion that was still limited to 115 degrees of forward flexion. Continuation of formal physical therapy was recommended as well as an injection of corticosteroid performed. Prior to this assessment, the day before the claimant was seen by ■■■■■■■■ on 11/26/13 for continued complaints of bilateral shoulder pain with examination findings only demonstrating vital signs. The claimant was diagnosed with adhesive capsulitis, chronic pain syndrome, and "narcotic dependency." Medications were continued in the form of Lyrica, Protonix, Nucynta, Metaxolone, as well as an intramuscular injection of Toradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 75 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Nucynta Section.

Decision rationale: The California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, Nucynta is a second line opioid indicated where first line opioids are intolerant. The records at present fail to demonstrate significant benefit with usage of narcotic medication in a claimant who continues to be symptomatic requiring intramuscular Toradol at last clinical assessment. The claimant's shoulder-related complaints have been treated aggressively with physical therapy, recent corticosteroid injection, and other forms of non-steroidal medication. Based on lack of significant benefit, the continued role of this second line opioid would not be indicated given current clinical records for review.

URINE DRUG SCREEN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Section.

Decision rationale: The California MTUS Guidelines support the role of a urine drug screen in this individual who is noted to be "opioid dependent" utilizing continued opioid medications in a chronic fashion. Guidelines would support the role of random urine drug screening as recommended in this case. The request is both medically necessary and appropriate.