

Case Number:	CM13-0063846		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2005
Decision Date:	05/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic low back pain, myofascial pain syndrome, and chronic pain syndrome reportedly associated with an industrial injury of July 25, 2005. Thus far, the applicant has been treated with following: Analgesic medications, including long and short-acting opioids, muscle relaxants, and topical compounds; dietary supplements; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 26, 2013, the claims administrator approved request for Protonix, denied a drug screen, denied a request for Nucynta, denied a request for topical compound, approved request for MiraLax, and approved request for Cidaflex. The applicant's attorney subsequently appealed. A clinical progress note of November 27, 2013 is notable for comments that the applicant is three months removed from a left shoulder decompression and debridement surgery. The applicant did have increased shoulder range of motion with flexion to 115 degrees. The applicant underwent a shoulder corticosteroid injection. On an earlier note of November 26, 2013, the applicant is described as having pain ranging from 8-10/10. The applicant was given a Toradol injection as she was reportedly having difficulty tolerating oral NSAIDs. The applicant was given refills of Nucynta, Lyrica, Skelaxin, Protonix, a topical compound, and various other agents. She is asked to return in three weeks. Her work status was not clearly stated. It is stated that her pain levels were 8/10 with medications and 10/10 without medications. She is status post multiple shoulder surgeries for adhesive capsulitis, it is further noted. An earlier note of November 7, 2013 is notable for comments that the applicant is receiving 50% pain relief with Nucynta. The applicant's pain levels are 4/10 at present and 10/10 at times without medications. Trigger point injections were performed in the clinic. The applicant was described as having previously failed Vicodin, Norco, Percocet, and

Butrans. Nucynta has been the most effective opioid to date, it is postulated. It is stated that usage of Nucynta is ameliorating her ability to care for herself, cook, and do housework.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

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 Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic and ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, however, attending provider should clearly state which drug tests and/or drug panels he is testing for, provide an applicant's complete medication list along with the request for authorization for testing, and state when the last time the applicant was tested. In this case, these criteria were not met. The attending provider did not furnish the applicant's complete medication list, did not state which drug test and/or drug panel he was testing for, and did not state when the last time the applicant was tested. Therefore, the request is not medically necessary, on Independent Medical Review.

NUCYNTA 75MG, #90: Upheld

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 When to Continue Opioids topic Page(s): 80. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Tapentadol topic.

Decision rationale: The MTUS does not specifically address the topic of Nucynta usage. As noted in the ODG Chronic Pain Chapter Tapentadol topic, Nucyntal or tapentadol is recommended as "second-line therapy" for applicants who develop intolerable adverse effects with first-line opioids. In this case, the applicant reportedly proved intolerant to and/or failed multiple other first-line opioid agents, including Vicodin, methadone, Norco, Percocet, Butrans, etc. Nucynta has affected the requisite improvement in terms of performance of non-work activities of daily living such as cooking, cleaning, and housework, and the requisite reduction in pain scores noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Thus, on balance, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have

seemingly been met. Therefore, the original utilization decision is overturned. The request is medically necessary, on Independent Medical Review.

TOPICAL KETOFEN: Upheld

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 Topical Analgesics topic Page(s): 111-113.

Decision rationale: Ketofen is an amalgam of three separate topical agents, Capsaicin, Baclofen, and Ketoprofen. However, as noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor Baclofen are recommended for topical compound formulation purposes. The unfavorable recommendation on two of the ingredients in question results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not medically necessary, on Independent Medical Review.