

Case Number:	CM14-0004871		
Date Assigned:	02/05/2014	Date of Injury:	06/29/2011
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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 patient is a 36-year-old male who has filed a claim for shoulder pain and impingement associated with an industrial injury date of June 29, 2011. Review of progress notes indicates intermittent right and left shoulder pain. Findings include decreased range of motion of the right shoulder, and positive Hawkins sign for both shoulders. Right shoulder MRI, dated March 01, 2013, showed moderate supraspinatus tendinosis and mild partial thickness articular surface tear. Treatment to date has included NSAIDs, opioids, muscle relaxants, Thermacare patch, physical therapy, home exercise program, steroid injections to the right shoulder, and right shoulder arthroscopic surgeries in February 2012 and November 2012. There is note of decreased pain with use of medications and after a steroid injection. Utilization review from December 18, 2013 denied the request for Celebrex 200mg #30 as the efficacy was not documented; and modified certification for Nucynta 50mg for #60 as there is no documentation regarding intolerance to first-line opioids, and thus weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-82

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, Tapentadol (Nucynta)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that tapentadol is recommended as a second line therapy for patients who develop intolerable adverse effects with first-line opioids. The patient has been on this medication since June 2013. The patient has previously been on Vicodin. However, there is no documentation regarding intolerance to first-line opioid medications. There is also no documentation regarding periodic urine drug screens to monitor medication use. Therefore, the request for Nucynta 50mg #90 was not medically necessary per the guideline recommendations of ODG.

CELEBREX 200MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67-69.

Decision rationale: As stated in pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since June 2013. In this case, progress notes indicate that patient's pain level goes down from 7/10 to 1/10 with pain medications. This medication has shown to provide significant symptomatic relief and is a reasonable option to manage this patient's pain symptoms. Therefore, the request for Celebrex 200mg #30 was medically necessary per the guideline recommendations of CA MTUS.