

Case Number:	CM14-0006204		
Date Assigned:	02/07/2014	Date of Injury:	08/03/2007
Decision Date:	05/09/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 48 year old male who was injured on 08/03/2007 while he stepped down onto the very top of the six foot ladder with his tool belt on and carrying saws in his right hand, the ladder "kicked out" and fell over. He started to fall but was able to grab a truss with his free left hand, hung by his left upper extremity and swung himself a bit to avoid the ladder as he followed it to the ground/floor below. Prior treatment history has included physical therapy and medications to include Norco, Miralax and Flexeril. The patient underwent arthroscopic removal of an osteochondral fracture fragment from the antero-inferior margin of the glenoid with a Bankart type repair and anterior acromioplasty on 07/15/2008. On 06/22/2010 the patient underwent inferior left glenoid chondroplasty and bicipital tendonesis. The patient also underwent open exploration of the left shoulder with ORIF of a fibrous union of the left tuberosity osteotomy on 03/01/2011. Supplemental report from Newton Medical Group dated 01/16/2014 states certainly no indication for a total shoulder arthroplasty at the time of the evaluation of the patient. Should his symptoms flare and become unresponsive to conservative measures, including steroid injections or even viscosupplementation therapy, the consideration of a total joint arthroplasty would be reasonable and appropriate. PR-2 dated 01/08/2014 documented the patient to have complaints of neck and back pain worsening, mostly the neck. He stopped the chiropractic treatments. He has developed pain to the left shoulder and biceps. Objective findings on exam reveal palpation of the back with some moderate to severe spasm in the paracervical area, mostly right side. Range of motion of the left shoulder is 130 degrees abduction, flexion 160 degrees and extension 40 degrees. Range of motion of the cervical area for flexion is full, extension is nearly full, lateral rotation is 50% of normal and tender. Lateral bending is minimal due to pain. Range of motion of the waist for

flexion is excellent, extension is none, lateral rotation is 75% of normal and lateral bending is full. Diagnoses: 1. Chronic cervical pain from multilevel degenerative disc disease. 2. Chronic left shoulder pain with decreased range of motion, status post 3 surgeries. 3. Chronic low back pain, possibly facet mediated. 4. Constipation secondary to chronic opiate use. Requests for Adjustor: Request authorization for patient to follow up in 4 weeks. Request authorization for Nucynta ER 200 mg twice per day. PR-2 dated 02/07/2014 documents that the patient states certain positions aggravate the pain in different body parts. Prone position causes a greater amount of back pain and sleeping on his right side causes a greater amount of shoulder pain. His right arm above the shoulder level increases his shoulder pain. Objective findings on exam reveal grip strength on the right to be 82/80/78 PSI. On the left it is 80/78/70 PSI. There is some tenderness in the posterior cervical spine. He has tenderness at the lumbar level in the paralumbar musculature. Diagnoses: 1. Chronic cervical pain from multilevel degenerative disc disease. 2. Chronic left shoulder pain with decreased range of motion, status post 3 surgeries. 3. Chronic low back pain, possibly facet mediated. 4. Constipation secondary to chronic opiate use. Treatment Plan: He will continue his current medications. He will return in 4 weeks. I recommend a trial of facet joint injections. Request for Authorization: Request patient to follow up in 4 weeks. Request authorization for Nucynta ER 200 mg twice per day instead of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE NORCO 10/325MG #180 BETWEEN 1/8/14 AND 3/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, CRITERIA FOR USE OF OPIOIDS,. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines, Criteria for Use Of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, OPIOIDS Page(s): 74-83. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines, Opioids

Decision rationale: According to CA MTUS guidelines, Norco "Hydrocodone is moderate to moderately severe pain. It is recommended for moderate to moderately severe pain and for short-term use. The medical records document the patient diagnosed with chronic low back pain, chronic cervical pain and chronic left shoulder pain, the last A urine drug adherence report dated 07/22/2013 revealed positive detection of Hydrocodone which indicate, the last PR-2 dated 02/07/2014 documents that the patient still had general pain complains and no documented improvement of the function. The documented long term use of Hydrocodone with absence of documented improvement of pain and function, the request is not medically necessary according to the guidelines. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms.

PROSPECTIVE TRIAL OF FACET JOINT INJECTIONS BETWEEN 1/8/14 AND 3/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 302, Chronic Pain Treatment Guidelines Table 12-8 Summary of Recommendations for Evaluating and Managing. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 12, pages 300 & 302, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint injections, multiple series, Facet joint injections, thoracic

Decision rationale: According to the CA MTUS guidelines, Facet Joint Injection is not recommended. According to ODG, Facet Joint Injection is not recommended. Further, The request failed to specify which facet joint need to be treated, therefore, the request is not medically necessary according to the guidelines

PROSPECTIVE NUCNTA ER 200 MG BETWEEN 1/8/14 AND 3/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, TAPENTADOL (NUCYNTA[®] 1/2)

Decision rationale: According to the CA MTUS guidelines, Tapentadol (Nucynta[®]) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The medical records document the patient diagnosed with chronic pain in cervical spine lumbar spine and left shoulder, also documented the long-term use of opioids with no significant improvement, although, there is a documentation of constipation attributed to Norco use, there is no indication that this side effect is intolerable or cannot be managed with prescribed laxatives. Therefore, the request is not medically necessary according to the guidelines.