MAXIMUS Federal Services

Case Number:	CM14-0007280		
Date Assigned:	02/10/2014	Date of Injury:	09/20/2012
Decision Date:	08/05/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/20/2014

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 37-year-old female who has submitted a claim for left shoulder supraspinatus tendon tear, s/p left shoulder arthroscopy, cervical strain, bilateral wrist sprain and left wrist median nerve neuritis associated with an industrial injury date of 9/30/2012. The medical records from 2012-2013 were reviewed which revealed persistent left shoulder pain. The patient's pain scale was at 7-8/10. Cold weather aggravated her left shoulder pain. The neck is still painful when moving or rotating right shoulder accompanied by stiffness. The physical examination of the left shoulder showed flexion at 120 degrees, extension at 45 degrees, adduction at 25 degrees, abduction at 100 degrees, internal rotation at 60 degrees and external rotation at 90 degrees. Impingement sign was positive. An examination of the cervical spine showed flexion at 30 degrees, extension at 45 degrees and bilateral rotation at 70 degrees. Wrists examination reported to have 75 degrees flexion and extension, 30 degrees ulnar deviation and 20 degrees radial deviation. Tinel's sign was positive on the left and negative on the right. Phalen's test was negative. An MRI done on 12/3/12 showed multi-level disc desiccation with 2mm disc protrusion at C3-C4. An MRI of the shoulder reported to have intrasubstance tear of supraspinatus vs. tendinosis. A left wrist MRI has possible changes consistent with carpal tunnel subchondral bone cyst at hamate and capitate bones. The treatment to date has included, left shoulder arthroscopy, physical therapy, cortisone injections, acupuncture and chiropractic sessions. Medications taken include Zofran, Tramadol, Nucynta and Cymbalta. The utilization review from 1/3/2014 denied the requests for Nucynta, Flector Patch and acupuncture sessions. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 75MG #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guideline, Pain Section was used instead. The ODG recommended Nucynta, a brand name of Tapentadol, as second line therapy for patients who develop intolerable adverse effects with first line opioids. Tapentadol was efficacious and was similar to Oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile. In this case, patient was prescribed Nucynta since at least 8/2/13. However, there was no documentation stating that patient had intolerable effects with opioids. Medical necessity of Nucynta was not established. Therefore, the request for Nucynta 75mg #40 is not medically necessary.

FLECTOR PATCH #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector Patch.

Decision rationale: As stated on page 111-112 of California MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs is superior over placebo during first 2 weeks of treatment for osteoarthritis but with a diminishing effect after 2 weeks. In addition, ODG recommends Flector patch for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. In this case, patient's medical records did not mention if she failed the use of oral NSAID. Furthermore, there was no mention if she had adverse side effects with NSAID. The medical necessity of the requested drug was not established. Therefore, the request for Flector patch #30 is not medically necessary.

ACUPUNCTURE 2X3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is after 3-6 treatment sessions with an optimum duration of 1-2 months. In this case, patient's progress report dated 12/20/13 mentioned that she already had a total of 26 sessions of acupuncture. Symptom relief was noted and was able to decrease amount of pain medication. However, there is no compelling indication for extending acupuncture sessions at this time. Furthermore, the request did not indicate the body part to be treated. Therefore, the request for 6 acupuncture sessions is not medically necessary.