

Case Number:	CM14-0105915		
Date Assigned:	07/30/2014	Date of Injury:	11/03/2008
Decision Date:	12/22/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/09/2014

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 injured worker was a 50 year old female bus driver, who in November 3, 2008 felt a pop in her right shoulder. The injured worker underwent chiropractic care, physical therapy and pain medications for relief of pain. On March 24, 2009, the injured worker underwent arthroscopic acromioplasty of the right shoulder and again on December 22, 2011. A third surgery to the right shoulder was denied, in October 4, 2013. The injured worker had a steroid injection on June 28, 2013 with modest improvement in pain. According to the progress note of May 29, 2014, the injured worker had a Magnetic Resonance Imaging (MRI) of the right shoulder November 30, 2010 and again August 25, 2011. The injured worker continues with right shoulder pain and a third surgery was discussed. The injured worker retried steroid injections, without pain relief. According to the progress note of June 5, 2014, the injured worker had tried Norco, Naprosyn, Vicodin and Cymbalta, all giving adverse effects to the injured worker. The injured worker continues which right shoulder pain. According to the progress note of May 29, 2014 the pain level with pain medication was 7-8 out of 10 and without pain medication 10 out of 10, 0 being no pain and 10 being the worst pain. On June 13, 2014, the UR denied Cyclobenzaprine and Nucynta as medically not necessary. Cyclobenzaprine is only recommended for short term use. Nucynta is recommended for secondary line therapy for persons developing adverse side effects from first line opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: The injured worker was a 50 year old female bus driver, who on 11/3/08 felt a pop in her right shoulder. The injured worker underwent chiropractic care, physical therapy and pain medications for relief of pain. On 3/24/09, the injured worker had s/p arthroscopic acromioplasty of the right shoulder and again on 12/22/11. A third surgery to the right shoulder was denied, in October 4, 2013. The injured worker had a steroid injection on June 28, 2013 with modest improvement in pain. Diagnoses include enthesopathy of unspecified site. Request under review include Cyclobenzaprine. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2008. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 10MG #30 is not medically necessary and appropriate.

Nucynta 50mg #14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management Page(s): 74-96.

Decision rationale: The injured worker was a 50 year old female bus driver, who on 11/3/08 felt a pop in her right shoulder. The injured worker underwent chiropractic care, physical therapy and pain medications for relief of pain. On 3/24/09, the injured worker had s/p arthroscopic acromioplasty of the right shoulder and again on 12/22/11. A third surgery to the right shoulder was denied, in October 4, 2013. The injured worker had a steroid injection on June 28, 2013 with modest improvement in pain. Diagnoses include enthesopathy of unspecified site. Request under review include Nuncynta. Treatment noted patient's pain remains largely unchanged. Submitted reports have documented on multiple occasions the ineffectiveness of Nuncynta. Nuncynta (Tapentadol) Tablets has the chemical name 3-[(1R, 2R)-3-(Dimethylamino)-1-Ethyl-2-Methylpropyl] Phenol Monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. Nuncynta (Tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to

pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2008. The Nucynta 50mg #14 is not medically necessary and appropriate.