MAXIMUS Federal Services

Case Number:	CM14-0019318		
Date Assigned:	04/21/2014	Date of Injury:	08/16/2001
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & 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 is a 58-year-old female who reported an injury on 08/16/2001 after trying to prevent a fall. The injured worker reportedly sustained an injury to her left shoulder and right shoulder. The injured worker's treatment history included shoulder surgery, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 11/19/2013. The injured worker's medications included Wellbutrin 75 mg, Norco 10/325 mg, Ambien 10 mg, Voltaren gel, Levoxyl 88 mcg, Soma 35 mg, and pravastatin 20 mg. Physical findings included tenderness to palpation of the left trapezius and C6 spinal area with limited range of motion of the left shoulder. Evaluation of the right shoulder documented range of motion as 90 degrees of abduction. The injured worker's diagnoses included left shoulder sprain, frozen shoulder of the left upper extremity, reflex sympathetic dystrophy, neck pain, dystonia, and right shoulder sprain. The injured worker's treatment plan included a trial of Nucynta 150 mg to decrease pain, Norco, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends ongoing use of opioids be supported by documentation of a quantitative assessment of pain relief, functional beneft, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. However, a quantitative assessment of pain relief and documentation of functional benefit related to medication usage is not provided. Additionally, the request as it is submitted does not clearly indicate a quantity, dosage, or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco is not medically necessary or appropriate.

NUCYNTA ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Opioids, Initiating Therapy Page(s): 60, 77.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the initiation of medications one at a time to establish efficacy of each medication added to a prescribed medication schedule. The clinical documentation does indicate that the injured worker is being prescribed both Nucynta and gabapentin. Although the injured worker does have persistent pain that may benefit from both of these medications, initiation of both medications at the same time is not supported. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Nucynta ER 150 mg is not medically necessary or appropriate.