

<b>Case Number:</b>	CM14-0025890		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Internal 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:

Patient is an injured worker with left shoulder, left upper extremity, right knee, and neck conditions, status post rotator cuff repair surgery 08-19-2011 and left forearm ORIF 10-05-2010. Date of injury was 09-28-2010. The progress note 02-11-2014 by [REDACTED] provided a progress report. Diagnoses were: (1) Status post ORIF procedure for left distal radial fracture with chronic wrist pain, traumatic arthritis, and swelling. Possible median neuropathy. (2) Cubital syndrome in the left elbow. (3) History of left shoulder arthroscopy with residual adhesive capsulitis and limited range of motion in the shoulder. (4) History of right knee sprain/strain. MRI of the right knee negative for internal derangement. (5) History of closed head injury with headaches and postconcussive syndrome. (6) History of elevated liver enzymes, currently stable. (7) History of depression and anxiety disorder. (8) History of cervical sprain/strain with underlying spondylosis. Medications include Clonazepam, Wellbutrin, and Abilify. Treatment plan included Nucynta, Flector, Vimovo (Naproxen/Esomeprazole). The QME/AME report 09-28-2010 by [REDACTED] documented a history of hypertension. Patient reported a history of depression with suicidal thoughts. Mechanism of injury was trip and fall. Clinical psychologist report 09-20-2013 by [REDACTED] documented a diagnosis of hypertension managed with prescription medication hydrochlorothiazide. The utilization review dated 02-25-2014 recommended non-certification of the request Nucynta and Flector patch. UR provided a case summary: This is a 53-year-old female with a 9/28/2010 date of injury. A specific mechanism of injury has not been described. 2/12/14 progress report indicates continued chronic pain in the legs and depression. The patient underwent left shoulder rotator cuff repair on 8/19/11. 9/26/13 AME report indicates that future medical care may include medication, cortisone injection to the left shoulder and the knee, physical therapy. Treatment to date has included medication, psychiatric care, physical therapy, and activity modification.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 50 MG # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Federal Drug Administration (FDA).

**Decision rationale:** Nucynta is indicated for acute pain. The patient's occupational injuries are not acute. MTUS guidelines recommends the lowest possible dose of opioids. Nucynta is a potent Schedule II controlled substance opioid. FDA prescribing information warns against concurrent use of Nucynta and CNS depressants. Patient has a prescription for Clonazepam which is a benzodiazepine. The MTUS and FDA guidelines and medical records do not support the use of Nucynta. Therefore, the request for Nucynta 50 MG # 120 is not medically necessary.

**FLECTOR PATCH 1.3%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Federal Drug Administration (FDA).

**Decision rationale:** Medical records document chronic occupational injuries with a date of injury of 09-28-2010, a diagnosis of Hypertension managed with Hydrochlorothiazide which is a thiazide diuretic. Patient has been prescribed two NSAIDS, Flector and Vimovo which contains Naproxen. FDA Prescribing Information states Flector patch is indicated for the topical treatment of acute pain. The patient's occupational injuries are not acute. FDA warns against using Flector in patients with Hypertension and thiazide diuretics. The patient has a diagnosis of Hypertension and has been prescribed a thiazide diuretic. Patient has been prescribed Vimovo which contains an NSAID. Flector, which contains an NSAID, is redundant therapy. The MTUS and FDA guidelines and medical records do not support the use of Flector. Therefore, the request for Flector Patch 1.3% is not medically necessary. Medical records document chronic occupational injuries with a date of injury of 09-28-2010, a diagnosis of Hypertension managed with Hydrochlorothiazide which is a thiazide diuretic. Patient has been prescribed two NSAIDS, Flector and Vimovo which contains Naproxen. FDA Prescribing Information states Flector patch is indicated for the topical treatment of acute pain. The patient's occupational injuries are not acute. FDA warns against using Flector in patients with Hypertension and thiazide diuretics. The patient has a diagnosis of Hypertension and has been prescribed a thiazide diuretic. Patient has been prescribed Vimovo which contains an NSAID. Flector, which contains an NSAID, is

redundant therapy. MTUS and FDA guidelines and medical records do not support the use of Flector. Therefore, the request for FLECTOR PATCH 1.3% is Not medically necessary.