

Case Number:	CM14-0027187		
Date Assigned:	06/13/2014	Date of Injury:	08/01/1992
Decision Date:	08/07/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with an 8/1/92 date of injury. At the time (2/11/14) of the request for authorization for Nucynta ER 50mg, quantity: 60; Percocet 5/325mg, quantity: 180; and Naprosyn 500mg, quantity: 60, there is documentation of subjective (cervical pain, radicular pain in right and left arm and weakness in right and left arm, and shoulder pain) and objective (Tinel's test is abnormal left, ulnar nerve compression test is abnormal left, positive impingement test is moderate left, tenderness at acromioclavicular joint, C6 dermatome demonstrates decreased light touch sensation on the left, pain to palpation over the C2 to C3, C3 to C4 and C5 to C6 facet capsules, secondary myofascial pain with triggering and ropey fibrotic banding, and positive maximal foraminal compression testing bilateral and pain with valsalva) findings, current diagnoses (left shoulder pain, left arm pain, headaches, cervicgia with radiculopathy, thoracic outlet syndrome, and opiate induced constipation), and treatment to date (medication including Nucynta, Percocet, and Naprosyn for at least 5 months). Regarding Nucynta ER 50mg, quantity: 60 and Percocet 5/325mg, quantity: 180, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Nucynta and Percocet. Regarding Naprosyn 500mg, quantity: 60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER 50MG, QTY. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. In addition, there is documentation of treatment with Nucynta for at least 5 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Nucynta for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Nucynta. Therefore, based on guidelines and a review of the evidence, the request for Nucynta ER 50mg, quantity: 60 is not medically necessary.

PERCOCET 5/325MG, QTY. 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of

medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. In addition, there is documentation of treatment with Percocet for at least 5 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Percocet for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Percocet. Therefore, based on guidelines and a review of the evidence, the request for Percocet 5/325mg, quantity: 180 is not medically necessary.

NAPROSYN 500MG, QTY. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy and lumbago. In addition, there is documentation of chronic low back pain and treatment with Naprosyn for at least 5 months. However, given documentation of treatment with Naprosyn for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Naprosyn. Therefore, based on guidelines and a review of the evidence, the request for Naprosyn 500mg, quantity: 60 is not medically necessary.