

Case Number:	CM14-0047051		
Date Assigned:	07/02/2014	Date of Injury:	10/25/2010
Decision Date:	08/25/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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 24-year-old female who has submitted a claim for shoulder pain, s/p left shoulder rotator cuff repair, cervicobrachial syndrome, neck pain, associated with an industrial injury date of October 25, 2010. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 07/09/2014, showed increasing neck and left shoulder pain since having shoulder surgery. The pain has not changed since surgery. Physical examination revealed restricted range of motion of the left shoulder particularly with forward flexion, internal rotation and external rotation only. There was normal muscle tone without atrophy in all extremities with no muscle weakness noted. Treatment to date has included left shoulder rotator cuff surgery (10/08/2013), physical therapy and medication such as Nucynta and Protonix which were prescribed since December 2013. Utilization review from 04/07/2014 denied the request for the purchase of Protonix 20mg, 1-2 tab daily #60 because the medical documentation provided for review did not describe current GI symptoms or treatment rendered thus far for GI symptoms such as dietary modification, and the documentation did not describe risk factors for GI bleed to warrant prophylaxis. The request for Nucynta 50mg, 1 tab bid #60 was denied because the documentation did not identify measurable analgesic benefit with the use of opioids and there was no documentation of functional/vocational benefit with ongoing use. There was no documentation of UDS performed to monitor compliance and screen for aberrant behavior and no documentation of a signed opiate agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. In this case, patient was prescribed Protonix since December 2013. However, recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor were there any complaints of GI upsets. Also, this medication is not recommended for long-term use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for PROTONIX 20mg #60 is not medically necessary.

Nucynta: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Tapentadol (Nucynta).

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Furthermore, ODG Pain Chapter states that tapentadol (Nucynta) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids such as, constipation, nausea, or vomiting. In this case, patient has been prescribed with Nucynta since December 2013. However, recent progress report, dated 07/09/2014, stated that Nucynta is inadequate to alleviate her pain. Furthermore, there was no documentation regarding intolerable side effects with first line opioids, functional improvements, and aberrant drug-taking behaviors. Urine drug screen was not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Moreover, the dosage, frequency, and quantity of the prescribed medication was not specified. The request was incomplete. Therefore, the request for NUCYNTA is not medically necessary.

