

Case Number:	CM14-0094977		
Date Assigned:	07/25/2014	Date of Injury:	11/11/2011
Decision Date:	10/01/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 Nevada. 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 30-year-old female who was reportedly injured on November 11, 2011. The mechanism of injury is noted as being hit in the shoulder by a heavy box. The most recent progress note dated May 8, 2014, indicates that there are ongoing complaints of left shoulder pain. Pain is rated at 10/10 at its worst and 9.5/10 at its best. The physical examination demonstrated decreased left shoulder range of motion with flexion limited to 70 and abduction limited to 70. There was marked allodynia of the left upper extremity any modeled appearance. The temperature of the left arm was 1 higher than that of the right. Diagnostic imaging studies of the left shoulder were not reviewed during this visit. Previous treatment includes medication, acupuncture, relaxation training physical therapy, massage, the use of a transcutaneous electrical nerve stimulatory unit, chiropractic care, subacromial steroid injections, and surgery. A request was made for Fentanyl Patches, Oxycodone, Cymbalta and Naproxen and was denied in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100 mcg 10 patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 93.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records, fails to document any significant improvement in pain or function with the use of fentanyl patches. Therefore this request for Fentanyl 100mg patches are not medically necessary.

Oxycodone Immediate-Release 5 mg #300: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of any significant improvement in their pain or function with the current regimen. As such, this request for Oxycodone is not medically necessary.

Cymbalta 30 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 43, 105.

Decision rationale: A trial of Cymbalta is recommended for treatment of Complex Regional Pain Syndrome after attempting other treatments with documented efficacy (e.g., different non-steroidal anti-inflammatory drugs, aerobic exercise, Bisphosphonates, other exercise, manipulation) and if tricyclic antidepressants are not tolerated. The medical record does not indicate that the injured employee has failed to improve with these treatments. As such, this request for Cymbalta is not medically necessary.

Naproxen 375 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 70.

Decision rationale: Antiinflammatories such as Naproxen are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A review of the attach medical record does not indicate that the injured employee has had significant relief with this medication. As such, this request for Naproxen is not medically necessary.