

Case Number:	CM14-0196596		
Date Assigned:	12/04/2014	Date of Injury:	02/21/2011
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker is a 52 year-old male, who sustained an injury on February 21, 2011. The mechanism of injury is not noted. Diagnostics have included: September 4, 2013 left shoulder MRI reported as showing Type II acromion with impingement findings; December 16, 2014 drug screen reported as showing positive for Tramadol. Treatments have included: medications, left carpal tunnel release, left RTC repair, physical therapy. The current diagnoses are: cervical strain/sprain, s/p left rotator cuff repair, right middle finger mallet finger, left median neuropathy, s/p left carpal tunnel release. The stated purpose of the request for Nucynta 100mg #90 was for pain. The request for Nucynta 100mg #90 was denied on November 5, 2014, citing a lack of documentation of failed first-line opiates. The stated purpose of the request for Naprosyn 500mg #60 was for inflammation. The request for Naprosyn 500mg #60 was approved on November 5, 2014. Per the report dated December 16, 2014, the treating physician noted complaints of pain to the left shoulder, right shoulder, left hand numbness, right middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta.

Decision rationale: The requested Nucynta 100mg #90, is not medically necessary. CA MTUS is silent. ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta is "Not recommended, but only "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids." The injured worker has pain to the left shoulder, right shoulder, left hand numbness, right middle finger. The treating physician has documented December 16, 2014 drug screen reported as showing positive for Tramadol. The treating physician has not documented failed first-line opiates, objective evidence of derived functional improvement, nor the explanation for this substance not showing positive on a recent drug screen report. The criteria noted above not having been met, Nucynta 100mg #90 is not medically necessary.

Naprosyn 500mg #60: Overturned

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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naprosyn 500mg #60, is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories 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. "The injured worker has pain to the left shoulder, right shoulder, left hand numbness, right middle finger. The treating physician has documented December 16, 2014 drug screen reported as showing positive for Tramadol. The request for Naprosyn 500mg #60 was approved on November 5, 2014. The criteria noted above having been met, Naprosyn 500mg #60 is medically necessary.