

Case Number:	CM15-0006543		
Date Assigned:	01/26/2015	Date of Injury:	01/01/1997
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported injury on 01/01/1997. The mechanism of injury was not provided. The documentation of 12/12/2014 revealed the injured worker complained of an aching pain in her neck and a tingling sensation in her fingertips. The injured worker's medications were noted to include tizanidine, ketoprofen, Norco, Orudis, Nucynta and Lidoderm patches. The injured worker was not noted to be utilizing physical therapy. Physical examination revealed tenderness in the insertion of the paraspinal muscles at the occiput. There was spasm with range of motion of the cervical spine. Reflexes were 2+ bilaterally and symmetrical. The physical examination of the left shoulder revealed the acromioclavicular joint was tender. The injured worker had a positive Neer's, Hawkins and O'Brien's test, and impingement test. The diagnoses included thoracic strain, bilateral shoulder impingement syndrome with acromioclavicular joint pain, bilateral tennis elbow, bilateral carpal tunnel syndrome, right greater than left first carpal metacarpal joint pain, and right ulnar neuropathy per EMG. The documentation indicated no medication was prescribed on that date. The injured worker was noted to have a CURES evaluation, which was within normal limits. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Nucynta 150 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic trail of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, along with documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was, however, a lack of documentation of objective functional improvement, and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 60 Nucynta 150 mg is not medically necessary.

120 Hydrocodone/APAP 10/325mgmg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic trail of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, along with documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was, however, a lack of documentation of objective functional improvement, and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 120 hydrocodone/APAP 10/325mg is not medically necessary.