

Case Number:	CM15-0165124		
Date Assigned:	09/02/2015	Date of Injury:	02/10/2013
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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
 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 41 year old male who sustained an industrial injury on 02-10-2013. He reported an injury to his shoulders that occurred when a crash gate closed on him. He was diagnosed with bilateral rotator cuff tears. Treatment to date has included medications, cortisone injection and physical therapy. According to a new patient consultation dated 03-27-2015, the injured worker was seen for bilateral shoulder pain. He was only taking anti-inflammatories for pain and did not feel that his pain was controlled. He had taken small quantities of Hydrocodone which he did feel was helpful for his pain. Pain was rated 5 on a scale of 1-10 with medications and 7-9 without medications. Impression included bilateral shoulder pain-rotator cuff tear per the patient's history and notes. The injured worker was started on Norco and Tramadol. The injured worker was to continue working full duty. According to a progress report dated 08-11-2015, the injured worker reported that his pain was not controlled with Norco 10-325 mg twice a day. He felt that is was losing its efficacy. An MRI of the right shoulder performed on 04-17-2015 demonstrated a full thickness rotator cuff tear. MRI of the left shoulder demonstrated tendinopathy of the supraspinatus tendon with partial thickness insertional tearing interlaterally. Pain was rated 10 on a scale of 1-10 without medications. He reported that he tried and failed physical therapy for his low back and shoulder. He felt that medications provided some help with pain relief. The provider noted that the injured worker would need surgery to improve his symptoms. He was started on Nucynta for better pain control. He did not feel that Norco 10-325 mg twice a day was controlling his pain. Further escalation of Norco was not recommended. He was taking Ibuprofen without improvement of his symptoms. He iced his shoulder and used a

TENS unit. Functional improvement included working full duty. Pain was rated 10 with medications and 9 without medications which is why Nucynta ER was being added. No side effects were reported. Documentation indicates that an opioid agreement was signed. A PH-Q depression inventory was used to assess for depression. The injured worker scored a 4 which was consistent with minimal depression. An Opioid risk tool indicated that the injured worker was at low risk. Drug screening on 05-15-2015 and 06-03-2015 was positive for opiates. A CURES report on 08-10-2015 was consistent. Currently under review is the request for Norco 10-325 mg #60 and Nucynta 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/11/15 progress report provided by the treating physician, this patient presents with bilateral shoulder pain rated 10/10 without pain medications and 10/10 with pain medications. The treater has asked for Norco 10/325mg #60 on 8/11/15. The patient's diagnoses per request for authorization dated 8/11/15 are lumbar discogenic pain, lumbar strain, and chronic low back pain. The patient does not have a history of shoulder surgeries, but has recently undergone orthopedic consultation which recommended future surgery per 8/11/15 report. The patient is able to work full duty with Norco per 6/12/15 report. The patient has a severe rotator cuff tear of right shoulder and partial tear of left shoulder per 8/11/15 report. The patient states that he is currently undergoing physical therapy which flares his bilateral shoulder pain per 6/12/15 report. The patient's work status is "working full duty" per 8/11/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Norco since 3/11/15 and in reports dated 4/21/15, 6/12/15, and 8/11/15. The treater states that "he does not feel that his pain is controlled at this time with Norco 10/325mg BID", as "he feels that it is losing its efficacy". MTUS requires appropriate discussion of all the 4A's; the treater states that the patient is able to

work full time with this medication. The patient states his pain is 10/10 with medications and 10/10 without medications. A urine drug screen on 5/15/15 was consistent, an opioid agreement was signed 3/24/15, and CURES report on 8/10/15 was consistent. As the treater has documented the 4A's as per MTUS guidelines, the request for continuation is appropriate in this case. The request is medically necessary.

Nucynta 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/11/15 progress report provided by the treating physician, this patient presents with bilateral shoulder pain rated 10/10 without pain medications and 10/10 with pain medications. The treater has asked for Nucynta 50mg #60 on 8/11/15. The patient's diagnoses per request for authorization dated 8/11/15 are lumbar discogenic pain, lumbar strain, and chronic low back pain. The patient does not have a history of shoulder surgeries, but has recently undergone orthopedic consultation which recommended future surgery per 8/11/15 report. The patient is able to work full duty with Norco per 6/12/15 report. The patient has a severe rotator cuff tear of right shoulder and partial tear of left shoulder per 8/11/15 report. The patient states that he is currently undergoing physical therapy which flares his bilateral shoulder pain per 6/12/15 report. The patient's work status is "working full duty" per 8/11/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Use of Opioids in musculoskeletal pain, page 60, 61: Medications for chronic pain: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. The patient has been taking Norco since 3/11/15 report. In the requesting 8/11/15 report, the patient states that Norco is no longer effective in pain relief. The treater is requesting Nucynta "for better pain control". The treater also states: "we do not recommend further escalation of Norco" per 8/11/15 report, in conjunction with opiates, the patient is also using Ibuprofen without improvement, but

is icing his shoulders and using a TENS unit per 8/11/15 report. In this case, the treater is initiating a prescription of Nucynta for better pain control of patient's ongoing chronic bilateral shoulder pain. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. This initiating prescription of Nucynta appears reasonable. The request is medically necessary.