

Case Number:	CM15-0166785		
Date Assigned:	09/04/2015	Date of Injury:	02/11/2009
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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 42 year old female, who sustained an industrial injury on February 11, 2009. The injured worker was diagnosed as having shoulder impingement syndrome, shoulder adhesive capsulitis, shoulder disorder rotator cuff supraspinatus tendon and shoulder calcifying tendonitis. Treatment to date has included multiple shoulder surgeries, therapy and medication. A progress note dated August 10, 2015 provides the injured worker complains of shoulder pain. She reports Methadone caused extreme constipation and that Tramadol is "okay" for functional skills of her employment but not for the mainstream aspect. Physical exam notes diffuse bilateral shoulder tenderness to palpation with full range of motion (ROM). The plan includes lab work and medication change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Urine Drug Screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with bilateral shoulder pain. The request is for toxicology urine drug screen. The request for authorization is not provided. The patient is status post left shoulder surgery and two right shoulder surgeries. Physical examination reveals diffusely tender bilateral shoulders. Range of motion is normal. Patient's medications include Asmanex, Flonase, Tramadol, and Xopenex. Per progress report dated 08/10/15, the patient is working full-time. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per progress report dated 08/10/15, treater's reason for the request is "toxicology screening needs to continue and I shall provide appropriate documentation in that regard." In this case, the patient is prescribed Nucynta, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.

Nucynta 50mg one tablet every four hours quantity 180: Overturned

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

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

Decision rationale: The patient presents with bilateral shoulder pain. The request is for Nucynta 50MG one tablet every four hours quantity 180. The request for authorization is not provided. The patient is status post left shoulder surgery and two right shoulder surgeries. Physical examination reveals diffusely tender bilateral shoulders. Range of motion is normal. Patient's medications include Asmanex, Flonase, Tramadol, and Xopenex. Per progress report dated 08/10/15, the patient is working full-time. 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." Per progress report dated 08/10/15, treater's reason for the request is "It is clear that this patient needs to be advanced to a different opioid in anticipation of her transitioning employment to mainstream classes. The mainstream employment will be more labor intensive." This is the initial trial prescription for Nucynta. The patient continues with bilateral shoulder pain. Since this is the initial trial, treater has not had the opportunity to document the efficacy of the medication. Therefore, the request is medically necessary.