

Case Number:	CM15-0167506		
Date Assigned:	09/08/2015	Date of Injury:	02/08/2012
Decision Date:	10/26/2015	UR Denial Date:	07/31/2015
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, Pain Management

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 56 year old male, who sustained an industrial injury on February 8, 2012. He reported a left shoulder injury. The injured worker was diagnosed as having shoulder pain. Medical records (January 9, 2015 to July 24, 2015) indicate: ongoing bilateral shoulder pain rated as 4-5 out of 10 with medication and 9/10 without medication. No side effects reported. Records also indicate his activity level has decreased. Review of Systems is negative. Per the treating physician (July 24, 2015 report), the injured worker's work status was continued as modified work duty that included no lifting greater than 5 pounds, complete restriction from overhead work with the affected extremity, avoiding of heavy pushing and pulling, and no pushing or pulling greater than 5 pounds. The physical exam (January 9, 2015 to July 24, 2015) reveals continued restricted cervical range of motion and unchanged range of motion of bilateral shoulders. The 7/24/2015 note goes on to state that Nucynta makes the patient nauseated for which he uses Zofran. The note recommends continuing lidoderm through the patient's private insurance due to reduction in neuropathic pain symptoms. Notes indicate that an opiate agreement is in place and urine toxicology screens have been within normal limits. Informed consent was also discussed. On February 20, 2015, a urine toxicology screen did not detect opiates, including Nucynta. On May 29, 2015, a urine toxicology screen did not detect opiates. Surgeries to date have included a left shoulder rotator cuff repair and subacromial decompression in 2012 and a right shoulder arthroscopic rotator cuff repair, subacromial decompression, and distal clavicle resection in 2013. Treatment has included: physical therapy, work restrictions, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, and

medications including pain medications (Nucynta and Lidoderm 5% patch since at least January 9, 2015), stool softener (Colace since at least January 9, 2015), and an antiemetic (since at least January 9, 2015), and a proton pump inhibitor. The injured worker tried Norco, Percocet, and Oxycontin (pain medications) in the past. The requested treatments included Nucynta 50mg, Lidoderm 5% patch, Colace 100mg, and Zofran 4mg #30. On July 31, 2015, the original utilization review partially approved a request for Nucynta 50mg #60 (original request for # 30) to allow for weaning and non-certified requests for Lidoderm 5% patch: #30, Colace 100mg #60, and Zofran 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60 refills: unspecified; taken by mouth, 0.5 to 1 tablet twice daily:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Nucynta, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of functional improvement as a result of this medication. However, a one-month supply should allow the requesting physician time to better document that item. In light of the above, the currently requested Nucynta is medically necessary.

Lidoderm 5% patch: #30; refills: unspecified, apply for 12 hours per day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of specific analgesic effect (in terms of percent reduction in pain or decrease NRS specifically attributable to Lidoderm) or objective functional improvement as a result of the currently prescribed lidoderm. Finally, although there is documentation of radicular pain, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested lidoderm is not medically necessary.

Colace 100mg #60, refills: unspecified; taken by mouth, 1 capsule twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/regarding> Colace. Guideline title: Dioctyl Sulfocuccinate or Docusate (Calcium or Sodium) for the Prevention or Management of Constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Colace, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Colace. In the absence of such documentation, the currently requested Colace is not medically necessary.

Zofran 4mg #30; refills: unspecified, taken by mouth, 1 tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antiemetics.

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use.

Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. Furthermore, it is unclear how the patient has responded to the Zofran and there is no statement indicating that other opiates and/or antiemetics have been tried to see if they address the patient's nausea. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.