

Case Number:	CM15-0182935		
Date Assigned:	09/23/2015	Date of Injury:	02/11/2009
Decision Date:	10/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: Massachusetts

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 42 year old female, who sustained an industrial injury on 2-11-09. The injured worker is undergoing treatment for bilateral shoulder impingement, shoulder adhesive capsulitis, rotator cuff supraspinatus tendon and calcifying tendonitis. Medical records dated 8-28-15 indicate the injured worker complains of shoulder pain described as "moderate" aching, heavy, burning, sharp, stabbing and shooting. The treating physician indicates "patient is responding reasonably well to Nucynta at 2 tablets every 4 hours, which is the maximal dose, 600mg per day. There is no major side-effect profile and this patient is quite pleased. I shall advance Nucynta to 250mg extended release at 1 tablet every 4 hours maximal dose. If this is denied I shall return to Methadone on behalf of this patient, which has been utilized with reasonable clinical benefit, but has the potential for sedation, which can be challenging to this patient." Physical exam dated 8-28-15 notes right shoulder decreased range of motion (ROM). Treatment to date has included Methadone, Nucynta, bilateral shoulder surgery, and therapy. The original utilization review dated 9-10-15 indicates the request for Nucynta ER 250mg #60 no refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg #60 no refills: Upheld

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 Chapter, updated 9/8/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Formulary.

Decision rationale: The claimant sustained a work injury in February 2009 and continues to be treated for bilateral shoulder pain. When seen, she was continuing to work as a sign language interpreter. She was having moderate bilateral shoulder pain. Tramadol and Nucynta were being prescribed and the total MED (morphine equivalent dose) was 150 mg per day. Physical examination findings included diffuse shoulder tenderness with decreased right shoulder range of motion. Nucynta was changed to extended release Nucynta at 250 mg every 12 hours. The assessment references consideration of methadone, which had previously been used with clinical benefit. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Additionally, Nucynta is not a first-line medication and methadone had been previously prescribed with clinical benefit. Also other sustained release first line opioid medications could be considered. Prescribing Nucynta ER is not medically necessary.