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| Case Number: | CM15-0052817 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 11/19/2003 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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 56-year-old female who reported an injury on 11/19/2003. The mechanism of injury was not specifically stated. The current diagnoses include status post right shoulder acromioplasty, left shoulder capsulitis, left wrist capsulitis, right shoulder capsulitis, carpal tunnel syndrome, and right epicondylitis. The injured worker presented on 02/27/2015 for a followup evaluation regarding right shoulder pain. The injured worker reported 7/10 pain with intermittent radiating symptoms, as well as weakness, soreness, and stiffness. The current medication regimen includes Cymbalta 60 mg, Galise, ibuprofen 600 mg, Lyrica 75 mg, and Nucynta 50 mg. upon examination, there was a slight amount of topical allodynia in the bilateral upper extremities, tenderness to palpation over the right lateral epicondyle, full range of motion of the right elbow, tenderness along the trapezius muscle, paraspinous muscle spasm, tenderness along the right bicep tendon, positive Speed's test, limited right shoulder range of motion, and severely positive Tinel's and Phalen's sign in the bilateral wrist with decreased sensation in the median nerve distribution. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60: 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 (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, Tapentadol (Nucynta).

Decision rationale: The Official Disability Guidelines recommend Nucynta as a second line option for patients who develop intolerable adverse effects with first line opioids. In this case, there was no mention of intolerable adverse effects with first line opioids. In addition, the injured worker has continuously utilized the above medication since 08/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Lyrica 75mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. In this case, the injured worker is concurrently utilizing Lyrica 75 mg and Gralise ER 600 mg. The medical necessity for the combination of the 2 medications has not been established in this case. The injured worker has utilized Lyrica 75 mg since 2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Gralise ER starter pack 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. In this case, the injured worker is concurrently utilizing Lyrica 75 mg and Gralise ER 600 mg. The medical necessity for the combination of the 2 medications has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.