

Case Number:	CM15-0237873		
Date Assigned:	12/15/2015	Date of Injury:	03/17/2009
Decision Date:	01/15/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female sustained an industrial injury on 3-17-09. Documentation indicated that the injured worker was receiving treatment for left shoulder, neck and back pain. The injured worker underwent left shoulder open rotator cuff repair with subacromial decompression, distal clavicle resection and bursectomy on 12-12-13. The injured worker received postoperative physical therapy, psychological care and medication management. The injured worker recently received injections and aqua therapy in an attempt to regain left shoulder range of motion due to a postoperative partial rotator cuff tear with frozen shoulder. In a PR-2 dated 10-22-15, the injured worker complained of persistent neck, shoulder and low back pain, rated 7 out of 10 on the visual analog scale. The injured worker stated that the whole left side of her body was in pain from the neck to the foot. The injured worker stated that current pain medications helped "reduce" her pain and "increase" her activity level. The injured worker reported having ongoing difficulty sleeping and only being able to sleep for a few hours despite using Ambien. The injured worker was participating in psychological care and aqua therapy. Physical exam was remarkable for tenderness to palpation to the left cervical and lumbar spine paraspinal musculature with stiffness, tenderness to palpation to the lumbar facet joints and tenderness to palpation to the left shoulder musculature and left acromioclavicular joint with forward flexion 90 degrees and flexion 100 degrees and 4 out of 10 5 strength. The treatment plan included refilling medications: Nucynta (since at least April 2015), Topiramate, Ambien, Duragesic and Naproxen Sodium, requesting authorization for left shoulder joint manipulation and soft tissue

mobilization prior to aquatic therapy for 18 to 24 sessions for the shoulder and lumbar region. On 11-11-15, Utilization Review noncertified a request for Nucynta 75mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARC Nucynta 75 MG #90 (225 MG Daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, NARC Nucynta 75 mg #90 (225 mg daily) is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are left shoulder adhesive capsulitis; status post left shoulder rotator cuff repair; low back pain; lumbar facet pain; left shoulder pain; cervical radiculopathy; possibility of lumbar radiculopathy. Date of injury is March 17, 2009. Request for authorization is November 5, 2015. The earliest progress note containing a Nucynta IR prescription is dated April 17, 2015. Additional medications include Duragesic 50 g one patch every two days. Subjective complaints include low back pain, neck pain and left shoulder pain. Pain scores remained elevated at 8-9/10 through September 16, 2015. Nucynta IR was changed to Nucynta 75 mg. According to an October 16, 2015 progress note, pain score is 7/10 with pain ongoing in the left shoulder. There is pain in the low back that radiates to the left hip. Objectively, there is spasm in the cervical paraspinal muscles and lumbar paraspinal muscles. There is spasm in the left shoulder tenderness over the left AC joint and glenohumeral joint. There is no documentation of intolerable adverse effects with first-line opiates in the progress note documentation. As a result, there is no clinical indication or rationale for using Nucynta. Additionally, medications prescribed include Duragesic, a long acting opiate. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of intolerable adverse effects with first-line opiates, NARC Nucynta 75 mg #90 (225 mg daily) is not medically necessary.