

<b>Case Number:</b>	CM15-0001731		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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:

The injured worker is a 34 year old male, who sustained an industrial injury on October 22, 2013. He has reported neck, upper back, right shoulder, right arm, and right knee injuries. The diagnoses have included shoulder pain and cervical strain. Treatment to date has included an MRI of the right shoulder, work restrictions, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, a work hardening program, and non-steroidal anti-inflammatory, muscle relaxant, oral pain medications. Currently, the injured worker complains of right shoulder pain and continued muscle spasms of the right shoulder and right upper arm. On December 24, 2014 Utilization Review non-certified a prescription for Nucynta 50mg #45, noting that Nucynta is a second-line opioid for use when an injured worker develops intolerable adverse effects to first-line opioids, and there was no documentation of intolerable adverse effects with the use of first-line therapy. The California Chronic Pain Medical Treatment Guidelines for Opioids, criteria for use; Opioid Taper, and Tapentadol (Nucynta), and the Official Disability Guidelines (ODG), Pain (Chronic) was cited. Utilization Review non-certified a prescription for Voltaren gel 1% #3, noting the guidelines do not recommend this medication for treatment of the spine, hip, or shoulder. The California Chronic Pain Medical Treatment Guidelines for Topical Analgesics was cited. Utilization Review non-certified a request for 1 shoulder injection, noting the lack of an approved diagnosis for a shoulder injection, and the injured worker demonstrated benefit with conservative therapy and his work restrictions were diminishing. The ACOEM (American College of Occupational and Environmental Medicine) Guidelines; Chapter 9 (Shoulder

Complaints) and the Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Nucynta 50mg, #45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Nucynta

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Nucynta 50 mg #45 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. Nucynta was efficacious and provided efficacy that was similar to oxycodone. It is a centrally acting schedule II oral analgesic. Nucynta may be abuse and has the same risks as any other opiate. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are shoulder pain; cervical strain; and pain disorder with both psychological factors and an orthopedic condition. Subjectively, the injured worker complains of right shoulder pain. Objectively, cervical range of motion is restricted. There is cervical paraspinal muscle tenderness present. There is tenderness palpation over the AC joint, bicipital groove and subdeltoid bursa on the right side. A urine drug screen from November 14, 2014 was inconsistent. Tramadol was absent from the urine. The insurance carrier is denying tramadol and, as a result, the worker is not taking the drug. Additionally, methamphetamines were present in the urine drug screen dated January 17, 2014. The treating physician stated: "we will not write for the medications to pass positive meth amphetamines and the January 17, 2014 UDS". In a progress note dated December 12th, 2014 the treating physician wrote for a trial of Nucynta for breakthrough pain. Nucynta is not indicated for breakthrough pain. Nucynta is recommended only at the second line therapy for patients who develop intolerable adverse effects with first-line opiates. Documentation doesn't demonstrate intolerable adverse effects with first-line opiates. The injured worker was unable to get Tramadol through the carrier and Nucynta was prescribed for breakthrough pain. The documentation did not contain evidence of objective functional improvement associated with narcotic use. There are no pain assessments or risk assessments in the medical record, other than the documentation referencing methamphetamines in a UDS. Consequently, absent clinical documentation pursuant to the guidelines, one prescription Nucynta 50 mg #45 is not medically necessary.

#### **1 prescription of Voltaren Gel 1% Gel, #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% #3 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is the only FDA approved topical nonsteroidal anti-inflammatory drug. It is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are shoulder pain; cervical strain; and pain disorder with both psychological factors and an orthopedic condition. Subjectively, the injured worker complains of right shoulder pain. Objectively, cervical range of motion is restricted. There is cervical paraspinal muscle tenderness present. There is tenderness palpation over the AC joint, bicipital groove and subdeltoid bursa on the right side. Voltaren is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment. It has not been evaluated for treatment of the spine, hip or shoulder. The 34-year-old injured worker is not being treated for osteoarthritis. The pain is not osteoarthritis in origin. Additionally, shoulder pain and cervical pain are not indications for Voltaren gel. Consequently, absent clinical documentation to support the use of Voltaren gel 1% pursuant to the recommended guidelines, Voltaren gel 1%, #3 is not medically necessary.