

Case Number:	CM15-0011903		
Date Assigned:	01/29/2015	Date of Injury:	09/07/1999
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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, Washington

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 57-year-old female who reported injury on 09/08/1999. The mechanism of injury was not provided. The injured worker was noted to undergo urine drug screens. The documentation of 12/02/2014 revealed the injured worker had complaints of ongoing left shoulder pain. The injured worker indicated she had pain radiating up and down the arm and up into the neck and on the left side. The injured worker indicated that she utilized Lyrica when she had a lot of pain. The side effect was weight gain. The documentation indicated the injured worker needed to take something other than Motrin and Norco for pain. The injured worker indicated the pain was 9/10 with medications. The medications included Nucynta ER 150 mg 1 by mouth twice a day, Lyrica 75 mg capsules 1 by mouth q 12 hours, and Norco 10/325 mg 1 every 6 hours as needed as well as Motrin 800 mg tablets 1 every 8 hours. The physical examination revealed tenderness in the cervical paraspinal muscles and trapezia were tight and the injured worker had tender levator muscles. The injured worker had trigger points and tenderness to the bilateral levator scapulae, tender parascapular areas, tender left paracervical and tender right paracervical muscles. The injured worker had painful range of motion. The injured worker was noted to have a tender subacromial joint in the left upper extremity that was painful and there was the presence of a scar. The specific surgical history was not provided. The diagnoses included pain, shoulder joint, lumbago, low back pain, cervical pain/cervicalgia and encounter long prescription use NEC. The treatment plan included Motrin 800 mg 1 tablet every 8 hours, Norco 10/325 mg 1 tablet every 6 hours and Nucynta ER 150 mg 1 twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #120 12/02/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had a decrease in pain to a 9/10 with the use of medications; however, this would not be a substantial decrease in pain with the use of the medications. There was a lack of documentation of objective functional benefit. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retro Norco 10/325 mg #120 12/02/2014 is not medically necessary.

Retro Nucynta ER 150mg #60 12/2/14: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had a decrease in pain to a 9/10 with the use of medications; however, this would not be a substantial decrease in pain with the use of the medications. There was a lack of documentation of objective functional benefit. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retro Nucynta ER 150 mg #60 12/02/2014 is not medically necessary.