

Case Number:	CM15-0018089		
Date Assigned:	02/05/2015	Date of Injury:	05/20/2011
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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 55-year-old female who reported an injury on 05/11/2007. The mechanism of injury was not stated. The current diagnosis includes shoulder pain. The injured worker presented on 12/18/2014 with complaints of 8/10 pain without medication and 5/10 pain with medication. Quality of sleep was poor and activity level had remained the same. The current medication regimen includes Norco 10/325 mg, Nucynta ER 100 mg, ibuprofen 600 mg, and Omeprazole 20 mg. Upon examination, there was tenderness in the paracervical muscles and rhomboids, positive Hawkins test on the left, positive Speed's test on the left, positive drop arm test, tenderness in the acromioclavicular joint, 5/5 motor strength, and intact sensation. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker has utilized the above medication since 01/2014. There was no documentation of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate.

Nucynta ER 100mg: Upheld

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

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 only as a second line option for patients who develop intolerable adverse effects with first line opioids. In this case, it was noted that the injured worker has utilized the above medication since 01/2014. There was no mention of intolerable adverse effects with first line opioids. There is also no documentation of objective functional improvement. The request as submitted failed to indicate a frequency or quantity. Given the above, the request is not medically appropriate.