

<b>Case Number:</b>	CM15-0177942		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/06/2008
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 sustained an industrial injury on March 6, 2008. The injured worker is diagnosed as having a right rotator cuff rupture and left glenohumeral arthritis. Her work status is permanent and stationary with modifications for the left shoulder and permanent and stationary for the right shoulder. Currently, the injured worker complains of left shoulder pain that is rated at 9 on 10 as well as right shoulder pain. She reports sleep disturbance due to the pain. Physical examinations dated May 15, 2015- August 7, 2015 revealed moderate tenderness over the right supraspinatus as well as tenderness and crepitus at the acromioclavicular joint. There is positive cross arm, O'Brien's, Hawkin's, Yergason's, Speed's and spring back arms tests. The left shoulder revealed tenderness over the supraspinatus as well as tenderness and crepitus at the acromioclavicular joint. There is positive cross arm, mild O'Brien's and mild Hawking's tests. Yergason's, Speed's and spring back arms tests are negative. Range of motion in the right shoulder is as follows; forward elevation 100, abduction 90, external rotation 45, internal rotation S1 and extension 20 and in the left shoulder; forward elevation 140, abduction 120, external rotation 55, internal rotation L1 and extension 20. The notes also indicate that there is no change in her level of activity and function. Treatment to date has included x-rays and a toxicology screen. A left shoulder cortisone injection, which improved her pain level by approximately 20% per note dated July 15, 2015. Medications to date include; Norco, Naproxen, Vicodin, Flexeril, Ultracet, Ibuprofen, Tylenol, Etodolac, Lidoderm patch and Nucynta. A note dated June 10, 2015 states the injured workers pain is controlled with Nucynta 100 mg twice a day. Progress notes indicate the injured worker has been taking Nucynta since at

least September 2014. The request for Nucynta 50 mg #120 has been modified to #60 to accommodate for weaning purposes "or provide clear documentation that its use is in accordance with the medical guidelines" and Toradol injection 60 mg #1 is denied as documentation supports the injured worker experiences chronic pain and there is no clinical evidence of an acute flare in symptoms, per Utilization Review letter dated August 14, 2015.

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

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

**Nucynta 50mg per 8/7/15 order Qty: 120.00: 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) - Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** Review indicates the request for Nucynta was modified to #60 for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Nucynta 50mg per 8/7/15 order Qty: 120.00 is not medically necessary and appropriate.

**Toradol injection 60mg IM per 8/7/15 order Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - NSAIDs, specific drug & adverse effects.

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

**Decision rationale:** Ketorolac tromethamine (Toradol), a non-steroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a boxed warning, as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications to include Naproxen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Naproxen, which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up for this P&S 2008 injury. The Toradol injection 60mg IM per 8/7/15 order Qty: 1.00 is not medically necessary and appropriate.