

Case Number:	CM15-0065511		
Date Assigned:	04/13/2015	Date of Injury:	08/01/1992
Decision Date:	05/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 8/01/1992. Diagnoses include left shoulder pain, left arm pain, headaches, cervicgia with radiculopathy, thoracic outlet syndrome and opiate induced constipation. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, chiropractic care, physical therapy, and diagnostic block. Per the most recent Primary Treating Physician's Progress Report dated 7/28/2014, the injured worker reported cervical pain with radicular pain and weakness in the right and left arm. The pain is rated as 5/10. She also reports left shoulder pain rated as 5-6/10 and shooting down the left arm. Physical examination of the spine revealed pain to palpation over the C2-3, C3-4 and C5-6 facet capsules and secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears bilateral and topical dysesthesias and severe muscle spasm. The plan of care included medications and authorization was requested for Percocet 5/325mg #180 and Nucynta ER 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT FOR SHOULDER AND NECK QTY. 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation, massage therapy Page(s): 58, 60.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. In addition, the request in the orders were for massage therapy. According to the guidelines, it is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Based on the above, the request for massage and manipulation therapy is not medically necessary.

PERCOCET 5/325MG QTY 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for over 6 months without indication of Tylenol or NSAID failure. The claimant was on Nucynta as well. The continued use of Percocet is not medically necessary.

NUCYNTA ER 50 MG, QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Nucynta for over 6 months without indication of Tylenol or NSAID failure. The claimant was on Percocet as well. For chronic pain control, there are several long-acting opioids and tricyclic that have been shown beneficial for chronic pain etc. Particular use of Nucynta over other well studied medications is not substantiated. Long term use can lead to addiction and tolerance. Continued use of Nucynta is not medically necessary.