

<b>Case Number:</b>	CM14-0146355		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	10/09/1996
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old male who reported a work related injury on 10/09/1996. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of chronic pain syndrome. Past treatment was noted to include physical therapy, medication management, surgical intervention, and chiropractic treatment. Diagnostic studies were noted to include a right shoulder MRI which revealed postoperative changes, but no residual impingement. Rotator cuff or labral tears. His surgical history consists of bilateral carpal tunnel release and right rotator cuff surgery on an unspecified date. The injured worker has stomach issues. The physician also requested Ambien as the injured worker has difficulty sleeping. The most recent examination on 07/24/2014 noted that the injured worker has had several surgeries to the left wrist. He has also had right shoulder surgery. He reported that he still has significant right shoulder pain, worse with overhead activities. The injured worker also reported low back pain. He reported occasional tingling in the lower extremities. The injured worker had a bilateral carpal tunnel release and has been using a large amount of Tylenol for approximately 7 to 8 pills a day. He has tried the Butrans patch and found that this medication is effective; however, he had had severe skin reactions at the application site of the patch with itchiness. Therefore, he has not been able to use the medication effectively. He reported severe difficulty sleeping secondary to his pain and significant GI distress, secondary to medications. The injured worker had to modify his activity secondary to his pain. He rated his pain as a 7/10 on a VAS. Physical examination revealed full range of motion of the upper extremities. The injured worker had full range of motion of the cervical spine with negative Spurling's maneuvers bilaterally. There were no motor or sensory deficits appreciated in the upper extremities. The injured worker had a positive Hawkins and Neer's test on the right side. His prescribed medications were noted to include Ambien, Tylenol with Codeine, Butrans patch, Celebrex, and Nexium.

The treatment plan consisted of Butrans patch, Flonase, Tylenol #4, and Nucynta. Rationale for the request consisted of physician stating the injured worker would be a good candidate to stay on the Butrans patch as it might possibly allow him to use less Tylenol #4, since he is having severe skin irritation he would benefit from a trial of Flonase to be applied to the site of the patch prior to adhering the patch to the skin as this has been successful in decreased the skin reaction at the patch site and has allowed several injured workers to remain on the patch and use less Opana, which comes in both immediate release and extended release forms. This would help eliminate the Tylenol component of his pain medication regimen and thus, decrease his risk for liver toxicity. The physician requested Nexium. A Request for Authorization form was not submitted for review.

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

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

#### **Prospective Usage of Butrans 10mcg/h patch #4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for prospective usage of Butrans 10mcg/h patch #4 is not medically necessary. The California MTUS Guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioid is continued on the documentation of the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 4 domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Therefore, due to the lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects, and the utilization of a urine drug screen to monitor aberrant drug behaviors, the request is not medically necessary.

#### **Prospective Usage of Flonase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RXdruglist.com

**Decision rationale:** The request for prospective usage of Flonase is not medically necessary. The California MTUS does not specifically address Flonase. However, Flonase is a steroid nasal spray. It prevents the release of substance in the body that causes inflammation. In regards to the injured worker, the physician requested Flonase to be applied to the skin to decrease the reaction to the Butrans patch. However, with the noncertification of the Butrans patch, the

medical necessity for the use of Flonase in this case, is not warranted. The request for prospective usage of Flonase is not medically necessary.

**Prospective usage of Tylenol No.4 #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), ODG Formula.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for prospective usage of Tylenol No.4 #180 is not medically necessary. The California MTUS Guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioid is continued on the documentation of the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 4 domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Therefore, due to the lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects, and the utilization of a urine drug screen to monitor aberrant drug taking behaviors, the request is not warranted. Additionally, considering the length of time the injured worker has been prescribed Tylenol for, the continuation of opioid is not warranted. As such, the request for prospective usage of Tylenol No.4 #180 is not medically necessary.

**Prospective usage of Nucynta: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for prospective usage of Nucynta is not medically necessary. The California MTUS Guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioid is continued on the documentation of the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 4 domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Therefore, due to the lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects, and the utilization of a urine drug screen to monitor aberrant drug taking behaviors, the request is not warranted. Additionally, considering the length of time the injured worker has been prescribed Nucynta for, the continuation of opioid is not warranted. As such, the request for prospective usage of Nucynta is not medically necessary.

