

Case Number:	CM13-0038087		
Date Assigned:	12/18/2013	Date of Injury:	01/25/2010
Decision Date:	02/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology 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 physician 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 patient is a 43-year-old female who sustained a work-related injury on 01/25/2010. The patient's diagnoses include lumbar myoligamentous injury with radicular symptoms and facet arthropathy, cervical myoligamentous injury, and right ulnar nerve entrapment. A request for authorization was made for medication refills to include OxyContin 20 mg #60 and Nucynta 75 mg #90. The most recent progress report was dated 09/25/2013. Objectively, the patient had tenderness to palpation, muscle rigidity, palpable trigger points, and decreased range of motion of the cervical and lumbar spines. Right elbow examination revealed point tenderness to palpation, muscle atrophy, a positive Tinel's, decreased sensation, and decreased grip strength. The patient's medications included OxyContin 20 mg, Nucynta 75 mg, Ultram ER 150 mg, Fexmid 7.5 mg, Xanax 1 mg, Halcion 0.25 mg, Prilosec 20 mg, Colace 100 mg, Doxepin 25 mg, Lidoderm patch 1 daily, and Dendracin topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg #90: 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) Pain Chapter, Tapentadol (Nucynta®).

Decision rationale: Official Disability Guidelines recommend the use of Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. The clinical provided documented the patient was utilizing OxyContin and Ultram ER, but there is lack of documentation of any adverse effects or inadequate efficacy. As such, the requested medication cannot be validated. Therefore, the request for Nucynta 75 mg #90 is non-certified.

Oxycontin 20mg #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): 74-80.

Decision rationale: California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use which includes documentation of adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy. The clinical provided lacks documentation of the aforementioned criteria. There is no objective documentation of functional improvement or effective pain relief being achieved through the use of the requested medication in the medication regimen. As such, the request for OxyContin 20 mg #60 is non-certified.