

Case Number:	CM13-0045139		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2012
Decision Date:	04/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Pain Medicine 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 patient is a 45-year-old with a date of injury of August 9, 2012. The listed diagnoses per [REDACTED] includes reflex sympathetic dystrophy of the lower limb, chronic pain syndrome, obesity, persistent sleep disorder, and dietary surveillance and counseling. According to report dated August 27, 2013 by [REDACTED], the patient presents with neuropathic pain involving her right lower extremity consistent with CRPS/RSD (complex regional pain disorder/reflex sympathetic dystrophy). Patient's medication includes Nucynta 50mg and Baclofen 10mg. Treater states as far as medications are concerned for pain management, the patient is using them appropriately to stay active and maintain functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 NUCYNTA 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with neuropathic pain involving her right lower extremity consistent with CRPS/RSD. The treater is requesting a refill of Nucynta. Utilization

review dated 10/17/2013, denied the request as review of records failed to provide evidence of significant and quantifiable improvement as a result of this medication. Nucynta (Tapentadol) is an opiate, a combination drug with mu-receptor agonist and noradrenergic uptake inhibitor. The Chronic Pain Medical Treatment Guidelines does not discuss the use of Nucynta for chronic pain. Therefore, alternative guidelines are referenced. The ODG states that Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. For chronic use of opiates for pain, the Chronic Pain Medical Treatment Guidelines require documentation of pain and function compared to baseline. Using numerical scale or a validated instrument, documentation of function and pain is required. The Chronic Pain Medical Treatment Guidelines also require discussion of the four A's including analgesia, ADL's (activities of daily living), adverse effects, and adverse behavior. Medical records show the patient was first prescribed this medication on April 14, 2013 by [REDACTED], after patient failed other treatments. Progress report from May 2, 2013 notes, "Nucynta is working very well for the patient, reducing her neuropathic pain significantly, allowing for more productivity during the day." Report dated 05/28/2013 also states, "Nucynta does have a significant impact on her neuropathic pain." The requesting physician does not clearly address the efficacy of this medication, however. [REDACTED] who originally prescribed Nucynta, states in multiple reports that there was "significant" reduction in pain with this medication. Other than these generic statements, the documentations are missing a numeric scale to denote function and pain; specific ADL changes to show significant improvement or discussion regarding return to work to warrant continued use of Nucynta. The "outcome measures" required by the Chronic Pain Medical Treatment Guidelines are not provided either. The request for Nucynta 50 mg, 90 count, is not medically necessary or appropriate.