

Case Number:	CM13-0055753		
Date Assigned:	12/30/2013	Date of Injury:	06/03/2009
Decision Date:	07/22/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 and is licensed to practice in Alabama. 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 53 year old female who was injured on 06/03/2009. She sustained an injury when she went to turn a knob to the left to loosen it, when her left wrist popped and she felt immediate pain in her left wrist. The patient underwent joint debridement in 04/2010, left wrist fusion on 01/04/2011, and a left carpal tunnel release and ulnar nerve decompression and left medial nerve neurolysis on 11/23/2011. Prior treatment history has included physical therapy sessions for about a year with a recovery of 25% of her movement. She has had Orthovisc injections and did not provide her with relief of her symptoms. Prior medication history included Celebrex, Lyrica and Neurontin. Progress report dated 10/03/2013 indicated the patient presented for follow up of left wrist, right shoulder and left knee pain which she rated as 6-8/10. She received 2 Orthovisc injections but did not provide her with relief so she did not want to proceed with a third. On exam, she has limited range of motion. She has positive Finkelstein's and positive tenderness to palpation over the TFCC. Grip strength is 4+/5. There was diffuse swelling over the medial and lateral aspect of the left wrist. She had some trophic changes noted on inspection. Her right shoulder range of motion is flexion from 0 to 160; internal rotation 0 to 80; external rotation 0 to 80 and extension 0 to 40. There was positive impingement sign. The left knee range of motion is 0 to 120 degrees; positive painful patellofemoral crepitus with motion. Positive McMurray's creating medial and pain. She has a mildly antalgic gait. Diagnoses are left knee chondromalacia, right shoulder bursitis, and impingement, left knee degenerative joint disease, and right shoulder acromioclavicular joint disease. Treatment and plan included pain management for medication. Prior utilization review dated 10/25/2013 states the request of Nucynta tabs 75mg #120, DS 30 was not certified as there was no documented functional improvement and hypersensitivity of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 75MG, #120: Overturned

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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta).

Decision rationale: As per CA MTUS guidelines opioids are recommended for chronic neuropathic pain. The ODG recommends the use of Nucynta (Tapentadol) for the treatment of neuropathic pain and RSD as a second line therapy. The medical records document that the patient has chronic pain syndrome and RSD of the left wrist. Further, the documents show that the previous dosage of Nucynta at 50mg was ineffective. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary IF the prescription is filled every 30 days.