

Case Number:	CM14-0108775		
Date Assigned:	08/01/2014	Date of Injury:	05/14/2009
Decision Date:	09/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 42-year-old female who reported an injury on 05/14/2009. The mechanism of injury was not provided with the documentation submitted for review. Her diagnosis was noted to be causalgia of upper limb. Prior treatment was noted to be occupational therapy. The injured worker had subjective complaints of constant, severe pain in her right wrist, she noted radiating sensation to the right arm and shoulder with tingling sensation to the 3rd, 4th, and 5th fingers. She rated her pain a 6/10 in severity. The objective physical exam findings found the injured worker nonfunctional with the right upper extremity. It is noted she had allodynia of her right hand and her right hand was cold to touch. The treatment plan was for Nucynta 50 mg for the next 2 months to give the injured worker time to wean. The provider's rationale for the request was noted to be because stopping the medication abruptly was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg. QTY:90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta®).

Decision rationale: The request for Nucynta is not medically necessary. The Official Disability Guidelines recommend Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opiates. A recent large study concluded that this medication was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis in the knee and low back. The documentation submitted for review does not provide an adequate assessment for pain. Failure of first line therapy is missing in the clinical note. Failure of conservative care is lacking in the review. In addition, the provider's request does not indicate a drug frequency. As such, the request for Nucynta 50 mg is not medically necessary.