

Case Number:	CM14-0014257		
Date Assigned:	02/26/2014	Date of Injury:	06/16/2004
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational 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:

This is a 52-year-old female with a 6/16/04 date of injury. In a 7/10/13 progress note, the patient complained of right knee pain, low back pain, neck pain, headaches, periodic right shoulder pain, infrequent right elbow pain, and bilateral hand numbness and tingling. Objective findings: pain while assessing lumbar range of motion, no tenderness to palpation of lumbar spine, mild to moderate swelling of the right knee, tenderness to palpation of medial joint line, lateral joint line, lateral patellar articular facet, medial patellar articular facet. Diagnostic impression: Chronic lumbosacral musculoligamentous strain, Status post right knee arthroscopic subtotal medial and partial lateral meniscectomy, Right knee osteoarthritis, Mild left knee osteoarthritis, status post anterior cervical discectomy and fusion, C5 through C7, Right shoulder impingement. Treatment to date: medication management, activity modification, aqua therapy, physical therapy. A UR decision modified the requests for Lyrica and Nucynta to a one month supply. The rationale for the modification was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF NUCYNTA 50MG, ONE TABLET ORALLY , TWICE A DAY AS NEEDED, BREAKTHROUGH PAIN: Upheld

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 - Nucynta.

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 - Nucynta.

Decision rationale: CA MTUS does not address this issue. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. It is noted in an undated progress report that the patient has been using Norco and Lyrica that she feels are helpful, however she does feel disorientation with these medications. The patient is experiencing an adverse effect from her current opioid therapy, and Norco is being discontinued. The doctor is requesting a trial of Nucynta for her breakthrough pain. However, the quantity of Nucynta is not noted in this request and is not noted in the reports reviewed. Therefore, the request for Trial Of Nucynta 50mg, One Tablet Orally , Twice A Day As Needed, Breakthrough Pain, as submitted, was not medically necessary.

LYRICA 50MG TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, the quantity of Lyrica requested was not noted in this request nor noted in the progress reports reviewed. Therefore, the request for Lyrica 50 mg Twice Daily, as submitted, was not medically necessary.