

<b>Case Number:</b>	CM14-0015018		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Internal 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:

Prior treatment history has included the patient undergoing arthroscopic knee surgery in 1986, rotator cuff repair, right, in 2007, and foot surgery in 2010. The progress note dated 01/14/2014 documented the patient with complaints of foot pain on the right associated with sharp, stabbing, burning pain. He complains of increased pain with standing, walking and weight bearing. He complains of swelling but denies any color changes or temperature changes. Pain is described in terms of burning, aching, sharp, throbbing, shooting and stabbing associated with numbness, weakness, stiffness, tingling and pins and needles. Pain is improved when laying down and raising his leg about the heart level. It is improved with medications and relaxation. Objective findings on examination of the extremities reveal his right toes are spread out. His right foot is warm and dry, no sores or ulcerations. He does have diminished sensation to pinwheel over the plantar middle section of his right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TAPENTADOL HCL 75MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Opioids

**Decision rationale:** The Official Disability Guidelines (ODG) recommends tapentadol as a second line therapy for patients who develop intolerable adverse effects with first line opioids. The medication is a narcotic and CA MTUS guidelines recommend there should be evidence of the 4 A's, which include, analgesia, ADLs, no adverse effects, and no aberrant behavior. The documentation does support that the patient was intolerant to methadone due to prolonged QT. However, there was insufficient documentation to support he had significant adverse effects to other first line therapies. Additionally, there was inadequate documentation of significant analgesia and improvement in ADLs. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.