

Case Number:	CM14-0111105		
Date Assigned:	08/01/2014	Date of Injury:	07/29/2013
Decision Date:	09/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/16/2014

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, Osteopathic and is licensed to practice in Pennsylvania, Ohio, Texas and Michigan. 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 46 year old female who sustained a July 29, 2013. Occupational injury the mechanism of injury is described as a fall causing her to land on the right wrist resulting in triangular fibrocartilage complex (TFCC) tear. The diagnoses include carpal tunnel syndrome (354.0) and non-traumatic rupture of flexor tendon (727.64). Treatment has included right wrist carpal tunnel injection, seventeen physical therapy sessions for the right wrist and hand, and Nucynta 75 milligrams, and topical compound Voltaren. A prior utilization review determination dated July 15, 2014 resulted in denial of Nucynta, indicating the functional response to this medication was not clearly documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg (no quantity specified): Upheld

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

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

Decision rationale: The CA MTUS is silent regarding the synthetic opioid analgesic medication Nucynta (Tapentadol). According to evidence-based Official Disability Guidelines Chronic Pain Chapter regarding Nucynta (Tapentadol): Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large randomized controlled trials (RCTs) concluded that Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. It is unclear if the injured worker has failed first line opioid therapy and the medication dosage is not specified. Therefore, the request of Nucynta 75 mg (no quantity specified) is not medically necessary and appropriate.