

Case Number:	CM14-0129523		
Date Assigned:	08/18/2014	Date of Injury:	07/24/2007
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 50 year old male with a 7/24/07 injury date. The mechanism of injury was not provided. In a follow-up on 7/30/14, there is improved pain relief from Nucynta therapy, taking his pain level from 8/10 to 6/10. He is also more active and functional at home with the medication, and he has not tolerated other types of opiates in the past. He was authorized to see a psychologist on the MPN, but the only one available is in [REDACTED], and he cannot travel there due to significant pain. Objective findings included restricted cervical range of motion with spasm and tenderness noted, positive Spurling's sign but no radicular symptoms, and symmetric reflexes. Motor testing showed 3/5 strength in the right finger flexor, right grip, right finger extensor, right wrist flexor, right wrist extensor, and right elbow extensor, and 4/5 strength in the right elbow flexor, right supinator, and right pronator. Sensation was decreased over the thumb and medial aspect of the right hand. There was dysesthesia and hyperesthesia over the medial and lateral aspects of the right hand. Diagnostic impression: neuropathic pain, borderline complex regional pain syndrome (CRPS), cervical radiculopathy. Treatment to date: medications, right stellate ganglion blocks, epidural steroid injections, right wrist surgery. A UR decision on 8/8/14 denied the request for spinal cord stimulator on the basis that appropriate psychiatric recommendations for treatment were not obtained. The request for Nucynta was denied because that patient has used the medication in the past without significant pain relief. The request for transportation was denied on the basis that it is outside the scope of utilization review because it is not part of the medical cure or treatment of an industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 SCS (Spinal Cord Stimulator) trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2 Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines & ODG criteria for SCS trial placement include: at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. In the present case, it is not clear from the available documents that the patient has undergone prior neck or back surgery, or that the patient suffers from failed back surgery syndrome. It is not clear what the extent, duration, and outcome of prior, if any, physical therapy treatment has been. In addition, there has not been any psychologic visit that specifically addresses the clearance for spinal cord stimulator. Therefore, the request for 1 SCS (spinal cord stimulator) trial is not medically necessary.

Nucynta 50 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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. In ODG Pain Chapter, 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. In the present case, there is recent documentation from a 7/30/14 progress note that shows improved pain relief from Nucynta therapy, taking his pain level from 8/10 to 6/10. He is also more active and functional at home with the medication, and he has not tolerated other types of opiates in the past. Therefore, the request for Nucynta 50 mg #60 is medically necessary.

Transportation and accommodation for 4 days: 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): Knee Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that transportation to and from medical appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In the present case, the request for transportation does not appear to be within the same community that the patient resides, and the procedure that the transportation is to be used for (spinal cord stimulator insertion) was not certified. Therefore, the request for transportation and accommodation for 4 days is not medically necessary.