

Case Number:	CM14-0150367		
Date Assigned:	09/18/2014	Date of Injury:	12/22/2010
Decision Date:	11/18/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 patient was injured December 22, 2010. There was an August 12, 2014 [REDACTED] notification of initial request. The diagnosis was chronic regional pain syndrome of the brachial plexus. The procedure requested was medicine. The date of this request was August 11, 2014. The PR-2 form was handwritten and not legible. There is improved pain and function after the stellate and the plexus blocks. Medicines include Nucynta, Cymbalta, and the others were not legible. Seroquel and Pennsaid were also noted in the records reviewed. The application for independent medical review was unsigned. The non-certification was provided and reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg #120: 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) Pain section, Tapentadol

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in

accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Nucynta (Tapentadol), the ODG notes it is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. This medicine is as effective as Oxycodone for the management of chronic osteoarthritis knee and low back pain, with superior GI tolerability with fewer treatment discontinuation. However, I did not note documentation of a failure of first line opiates, or the presence of chronic osteoarthritis. At present, the request is not medically necessary.