

Case Number:	CM14-0151669		
Date Assigned:	09/19/2014	Date of Injury:	07/31/2012
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old male with a 7/31/12 date of injury. At the time (8/29/14) of request for authorization for Nucynta 50mg, Qty: 100, there is documentation of subjective (left hip pain, left shoulder pain, left wrist pain, and right knee pain) and objective (mild tenderness to palpitation over the snuffbox and ulnar styloid areas of the left wrist, increased pain with supination and pronation, and reduced range of motion with limited rotation of the left hip) findings, current diagnoses (left shoulder tendinitis, left carpal tunnel syndrome, left hip contusion and degenerative osteoarthritis, meniscal tears, and lumbar degenerative disc disease), and treatment to date (medications (including ongoing treatment with Tramadol and Nucynta)). Medical reports identify that Nucynta is helping beyond benefit obtained from naproxyn alone. There is no documentation of intolerable adverse effects with first line opioids; the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nucynta use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, Qty: 100: 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): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of left shoulder tendinitis, left carpal tunnel syndrome, left hip contusion and degenerative osteoarthritis, meniscal tears, and lumbar degenerative disc disease. In addition, there is documentation of ongoing treatment with Nucynta and Nucynta used as a second line agent. However, given documentation of ongoing treatment with Tramadol, there is no documentation of intolerable adverse effects with first line opioids. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, despite documentation of Nucynta helping beyond benefit obtained from naproxyn alone, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nucynta use. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 50mg, Qty: 100 is not medically necessary.