

Case Number:	CM14-0161571		
Date Assigned:	10/07/2014	Date of Injury:	09/26/2005
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 and Rehabilitation has a subspecialty in Pain 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 patient of the date of injury of September 26, 2005. A utilization review determination dated September 18, 2014 recommends modified certification of Nucynta and Percocet. Noncertification is recommended due to lack of documentation of pain reduction or objective functional improvement from the medication as well as no documentation of an opioid agreement or urine drug screening. A urine drug screen performed on April 21, 2014 is positive for oxycodone positive for methadone and positive for benzodiazepines. A progress report dated September 5, 2014 identifies subjective complaints indicating that the current med regimen provides "functional relief." Review of systems is negative for nausea, vomiting, diarrhea, and dyspnea. Physical examination findings reveals tingling and numbness in both hands and restricted range of motion in the cervical spine due to pain. The lumbar spine has moderate tenderness with severe tenderness over the sacroiliac joints. Sensory and motor examination is normal. Diagnoses include arm pain, chronic pain syndrome, disc protrusion in the cervical spine, stenosis in the cervical spine, cervical radiculopathy, status post left carpal tunnel repair, rule out thoracic outlet syndrome, lumbar radiculopathy, lumbar spondylosis, myofascial pain syndrome, and sacroiliac joint dysfunction. The treatment plan recommends Nucynta and Percocet. Additionally, a home exercise program, heat, and stretching is recommended. The note states that the urine drug screen is consistent with the current pain regimen. A progress report dated March 20, 2014 indicates that the patient is prescribed Percocet, Klonopin, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100MG #30: Upheld

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for tapentadol (Nucynta), California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and the patient's urine drug screen was positive for methadone, with no documentation that methadone is being prescribed. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tapentadol (Nucynta) is not medically necessary.

Oxycodone-Acetaminophen 10-325MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and the patient's urine drug screen was positive for methadone, with no documentation that methadone is being prescribed. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.