

Case Number:	CM14-0169566		
Date Assigned:	10/17/2014	Date of Injury:	08/11/2010
Decision Date:	11/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 with a date of injury of August 11, 2010. A utilization review determination dated September 22, 2014 recommends non certification of Nucynta. A progress report dated July 27, 2014 identifies subjective complaints of bilateral shoulder pain and TMJ. The patient is continuing to work and has been taking tramadol judiciously. This has reduced her pain to a level where she is able to perform activities of daily living. Since she has been without medication she is noticeably in a great deal of pain. Current medications include etodolac and propoxyphene. Physical examination findings reveal restricted range of motion and reduced strength in both shoulders with positive orthopedic examination maneuvers. Diagnoses include bilateral shoulder pain, tendinosis of the supraspinatus and infraspinatus right shoulder, right shoulder rotator cuff tear status post repair, AC joint arthritis status post clavicular resection, and left shoulder rotator cuff tear. The treatment plan recommends Nucynta for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg (no quantity given): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basic of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. *www.RxList.com. OGD Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

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, it appears the physician would like to trial the patient on Nucynta. It is unclear why the physician would not restart the patient on tramadol, as it was stated that this medication significantly reduced the patient's pain and improved the patient's function. Tramadol is a schedule 4 medication whereas Nucynta is a schedule 2 medication. Generally, patients are placed on higher scheduled medications when lower scheduled medications fail to result in functional improvement or cause intolerable side effects. Additionally, the current request for Nucynta does not contain a frequency or duration of use. Guidelines do not support the open ended application of any medications, and there is no provision to modify the current request. As such, the currently requested tapentadol (Nucynta) is not medically necessary.