

Case Number:	CM14-0034409		
Date Assigned:	06/20/2014	Date of Injury:	07/31/1998
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The patient is a 64 year old female who was injured on 07/31/1998 due to an unknown mechanism of injury. Diagnostic studies reviewed include soft tissue ultrasound of the brachial plexus reveals markedly positive right Adson test. There was marked fibrosis and adhesion in the anterior scalene muscle. There is associated right pectorella minor swelling and edema and right upper ulnar neuritis and enlarged thickened nerve. Supplemental report dated 12/06/2013 indicates the patient continues to have symptoms of severe right thoracic outlet syndrome with associated problems of dizzinesses, headaches, and radiating pain in the upper extremity with weakness. On exam, there is tenderness with positive abductive test. Diagnoses are cervical post laminotomy pain syndrome, narcotic dependency, status post right shoulder rotator cuff repair, status post bilateral carpal tunnel syndrome, right thoracic outlet syndrome, left trochanteric bursitis, and chronic pain syndrome. The treatment and plan included right scalenectomy and medication management including Nucynta 100 mg, Zantac 150 mg, Lunesta 30 mg, Cymbalta 60 mg and Lorazepam 1 mg. Prior utilization review dated 02/18/2014 states the request for URGENT Cymbalta 60mg p.o. q.d. #30 is medically appropriate based on the information provided. Cymbalta has been modified to include Cymbalta at 60 mg q. day with #30 tabs. Nucynta 100 mg PO Q8 hours, #90, URGENT Nucynta 100 mg p.o. q6h #120 was certified with modification. Since starting Nucynta, the patient has been able to maintain her activities of daily living without side effects of constipation; therefore, Nucynta has been modified to 100 mg p.o. q. 8 hours for #90 tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Nucynta 100 mg p.o. q6h #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation, Online Edition. Chapter: Pain Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol.

Decision rationale: This is a request for Nucynta for a 64 year old female with chronic neuropathic pain with date of injury of 7/31/98. According to California MTUS guidelines and ODG, Tapentadol (Nucynta) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. While medical records do not document clinically significant functional improvement with use of this medication or failure of first-line opioid therapy, the Utilization Reviewer was able to speak with the prescribing physician. The patient reportedly failed Duragesic patches and has improvement in ADL's due to use of this medication. The dose was decreased from qid to tid dosing to keep the daily morphine equivalent dose under 120. However, Nucynta 100 mg po q6 hours exceeds the recommended morphine dose equivalent of 120. Medical necessity is not established.