

Case Number:	CM14-0045542		
Date Assigned:	04/16/2014	Date of Injury:	03/04/2006
Decision Date:	07/11/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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, 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 49-year-old male sustained an injury on 3/4/06 while employed by [REDACTED]. The requests under consideration include 56 Nucynta 75mg, 14 Oxycontin 20mg, 90 Tegaderm 3.5" x 4.125 dress with one (1) refill and seven (7) Flector 1.3% patches. Report of 3/6/14 from the provider noted patient with increased left wrist pain and decreased activity since last visit. Pain rated at 6/10 with medications (Nucynta noted to be ineffective); quality of sleep is poor. The exam showed restricted left wrist range of motion; tenderness over anatomical snuffbox; ulnar nerve pain; swelling of the proximal Interphalangeal joint of the index, middle, and ring digits; decreased finger extensor strength on left. The treatment requested include refill of medications with increase of Nucynta along with left wrist and elbow braces. The report of 4/17/14 noted patient with unchanged pain complaints and poor sleep. The medications include Oxycontin, Flector patch, Doxepin, Nucynta, Pepcid, Tegaderm (to aid in adherence of Flector patches), Colace, Uloric, Clonidine, Amlodipine; and Atenolol. A review of medications noted Nucynta to be ineffective. Urine Toxicology report of 9/26/13 detected discrepancy of Hydrocodone, Norhydrocodone, and Hydromorphone found; however, not part of medication prescribed list. The exam showed negative Phalen's and Tinel's with normal sensation of upper extremities with intact 5/5 motor strength except for 5-/5 grip with unchanged swelling and tenderness. The diagnoses included wrist pain; extremity pain; and mood disorder. The treatment noted patient's pain remains largely unchanged. The above requests were non-certified on 3/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

56 NUCYNTA 75MG BETWEEN 3/14/2014 AND 4/28/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

Decision rationale: A review of medications noted Nucynta to be ineffective. The Urine Toxicology report of 9/26/13 detected discrepancy of Hydrocodone, Norhydrocodone, and Hydromorphone found; however not part of medication prescribed list. The xam was unremarkable with intact neurological motor strength and sensory with negative provocative testing. The diagnoses included wrist pain; extremity pain; and mood disorder. The treatment noted patient's pain remains largely unchanged. The submitted reports have documented on multiple occasions the ineffectiveness of Nucynta. Nucynta (tapentadol) tablets has the chemical name 3-[(1R,2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl]phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. Nucynta is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for 56 Nucynta 75mg is not medically necessary and appropriate.

FOURTEEN (14) OXYCONTIN 20MG BETWEEN 3/14/2014 AND 4/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

Decision rationale: According to the documentation submitted for review, the patient has received a partial-certification previously after the inconsistent findings of the urine toxicology screening to assist in the weaning process. Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to

change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of action from inconsistent random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for fourteen (14) Oxycontin 20mg is not medically necessary and appropriate.

90 TEGADERM 3.5" X 4.125" DRESS WITH ONE (1) REFILL BETWEEN 3/14/2014 AND 4/28/2014: 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 Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Since the primary procedure (Flector patches) is not medically necessary, none of the associated services (Tegaderm) are medically necessary.

SEVEN (7) FLECTOR 1.3% PATCHES BETWEEN 3/14/2014 AND 4/28/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Per MTUS guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drugs (NSAIDs) or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure, but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of two weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond two weeks especially for this 2006 injury. There is no documented functional benefit from treatment already rendered. Thus, the request for seven (7) Flector 1.3% patches is not medically necessary and appropriate.