

Case Number:	CM14-0050550		
Date Assigned:	06/25/2014	Date of Injury:	09/21/2010
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological Surgery, 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 injured worker is a 56 year-old female was reportedly injured on September 21, 2010. The mechanism of injury was documented as repetitive motion. A progress note, dated November 6, 2013, indicates that the claimant was utilizing a Butrans patch and Mobic. Medications were not documented on prior notes. Nucynta appeared to have been initially prescribed on December 4, 2013. A urine drug screen, collected December 19, 2013, tested negative for tapentadol (the metabolite of Nucynta) and positive for lorazepam. The January 8, 2014 document indicated that the claimant was on Valium prescribed by the primary care physician for vertigo. The claimant indicated that Nucynta took "the edge off" of the pain. The discrepancy on the urine drug screen was not addressed. Nucynta was then detected on the subsequent urine drug screen, dated February 24, 2014. The most recent progress note, provided for review, was dated February 19, 2014. The claimant was documented as again presenting with persistent neck pain rated as 8/10 that radiates into both upper extremities. The pain was described as constant, and medications were documented as not providing much benefit. The physical examination documented tenderness to palpation about the cervical spine, right shoulder impingement, and tenderness to palpation about the medial and lateral epicondyle of the left elbow. Tenderness was also noted at the left deltoid. A request had been made for Nucynta 50 mg four tablets daily, and partial certification of 40 tablets for weaning was recommended on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60 thirty day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN, PAGES 80-81.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines outline specific criteria that should be met for continuing with opioid management including documented improvement in pain and function. Based on the most recent clinical documentation provided, the claimant noted minimal relief from the current medication regimen. Additionally, a discrepancy was noted on the urine drug screen from December 19, 2013. Given this discrepancy, as well as the documented minimal relief with this medication, the request is considered not medically necessary.