

Case Number:	CM14-0063903		
Date Assigned:	07/11/2014	Date of Injury:	09/06/2006
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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:

The injured worker is a 38-year-old female who reported an injury on 09/06/2006. The mechanism of injury was not provided. The current diagnoses included complex regional pain syndrome in the right upper extremity, chronic pain, and status post right shoulder surgery. It is also noted that the injured worker is status post failed spinal cord stimulator times 2. The injured worker was evaluated on 05/12/2014 with complaints of persistent neck pain radiating into the upper extremity. The injured worker reported 8/10 pain with medication. Previous conservative treatment was not mentioned on that date. The current medication regimen includes Nucynta ER 50 mg, Prilosec, Ambien, Lidoderm patch, and Norco. Physical examination revealed moderate distress, tenderness at the right rotator cuff, mild swelling in the right hand, decreased sensation to light touch in the right upper extremity, and decreased strength in the extensor muscles and flexor muscles of the right upper extremity with allodynia. Treatment recommendations at that time included a refill prescription for Nucynta ER 50 mg. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50 MG Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta).

Decision rationale: The Official Disability Guidelines state Nucynta is recommended as a second line option for patients who develop intolerable adverse effects with first line opioids. As per the documentation submitted, the injured worker had continuously utilized this medication since 02/2014 without any evidence of objective functional improvement. While it is noted that the injured worker has failed more conservative treatment, the specific type of conservative treatment was not listed. There is no documentation of intolerable adverse effects with first line opioids. The injured worker currently utilizes Norco 10/325 mg. As the medical necessity has not been established, the request cannot be determined as medically appropriate. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.