

Case Number:	CM14-0096598		
Date Assigned:	07/28/2014	Date of Injury:	05/13/2011
Decision Date:	09/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 59 year-old female who reported an injury on 05/13/2011 due to being hit by a truck tailgate. The injured worker's diagnoses were cervicalgia, cervical stenosis, and cervical radiculopathy. The injured worker's prior treatment included physical therapy for 13 sessions, chiropractic treatment for 18 sessions, and acupuncture for 10 sessions, transcutaneous electrical nerve stimulation, a transforaminal epidural steroid injection at L3-5 under fluoroscopy, and medication therapy. The injured worker's prior diagnostics were x-ray of the lumbar spine, CT of cervical, and EMG/NCV. The injured worker underwent rhizotomy with local anesthesia and anterior cervical dissection fusion. The injured worker complained of increasing neck pain of the posterior cervical area and reported the pain as severely moderate with the pain score being 6/10 to 7/10 without medication. The pain medications provided a 25% relief. On physical examination dated 06/16/2014, muscle spasms at the bilateral paraspinal muscles and they are felt as taut bands with pain that radiated outwards. Range of motion was decreased throughout. The injured worker's medications were diazepam 5 mg, Nucynta 50 mg, Trazodone 50 mg, Cymbalta, and Cytomel 5 mg. The treatment plan was for the request of Nucynta 50 mg, quantity #540. The rationale for the request was not provided with documentation. The request for authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg quantity #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The injured worker complained of increasing neck pain of the posterior cervical area, reported the pain as severely moderate with the pain score being 6/10 to 7/10 without medication. The injured worker indicated pain medications provided a 25% relief. The MTUS guidelines recommend the documentation of pain relief functional status, appropriate medication use, and side effects. The guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. The injured worker has been utilizing the medications since 04/2014. Although the injured worker reported a decrease in pain with the medication, the provider failed to document a complete and adequate pain assessment. There is a lack of objective documentation within the medical record indicating the efficacy of the medication as evidenced by significant functional improvements. A urine drug screen was not submitted with documentation to verify compliance of medication protocol. In addition the frequency of the medication was not provided for the proposed request. As such, the request for Nucynta 50 mg quantity #540 is not medically necessary.