

Case Number:	CM14-0206412		
Date Assigned:	12/18/2014	Date of Injury:	06/24/2010
Decision Date:	02/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal 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 injured worker (IW) is a 56-year-old man with a date of injury of June 24, 2010. The mechanism of injury is not documented in the medical record. The injured worker's working diagnosis is chronic bilateral hand pain. Pursuant to the progress note dated November 7, 2014, the IW has been experiencing severe pain over the hands and is unable to do much. The pain is rated 6-7/10 at the time of visit. Sleep is adequate and he is able to walk as part of his exercise routine. Objectively, the IW is ambulating without assistance and with moderate pain over both arms. C5-T2 is intact with weakness of both arms. Swelling is decreased. The treatment plan is to continue with Nucynta and add on Hydrocodone/APAP for pain relief when the IW has to go to work, because of excessive sedation from the more effective Nucynta. The provider reports he will provide Nuvigil and see if that helps with sleepiness during the day time which interferes with work. Current medications include Nucynta 50mg #120, Norco 10/325mg #120, and Pristiq 50mg #30. The documentation indicates Nucynta was started on October 1, 2014. A progress note dated October 6, 2014 indicated Hydrocodone 5/325 mg one PO BID #60 with no refills was renewed. There was no discussion of Nucynta. The documentation did not discuss intolerable adverse effects. The documentation did not contain the clinical rationale or indication for Nucynta. According to the injured worker's RX history printed on December 4, 2014, the IW has received 1 refill of Hydrocodone-APAP 5/325mg once a month for approximately 4 years. There was no documentation of adverse side effects with the long-term use of Hydrocodone-APAP 5/325mg. The Hydrocodone-APAP was increased to 10/325mg according to the November 7, 2014 progress note. The current request is for Nucynta 50 mg #120, and Nuvigil 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #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 (ODG)-Pain chapter

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

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 50mg #120 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are chronic bilateral hand pain. According to progress note dated November 7, 2014, the patient continues to have problems with work because the pain and he is unable to cope anymore. The documentation indicates Nucynta started on October 1, 2014. Progress note dated October 6, 2014 indicated hydrocodone 5/325 mg one PO PID #60 with no refills was renewed. There was no discussion of Nucynta. A progress note dated November 7, 2014 indicates the treating physician will "continue with Nucynta and add on hydrocodone/APAP for pain relief when the patient has to go to work, because of excessive sedation from the more effective Nucynta. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. The documentation did not discuss any opiate related intolerable adverse effects. The documentation indicates the injured worker has been refilling Norco once a month for 4 years on the Rx history. There have been no documented adverse effects. The documentation did not contain the clinical rationale or indication for Nucynta. Consequently, absent the appropriate clinical indication as a second line therapy for patients who develop intolerable adverse effects and clinical rationale with supporting documentation for using hydrocodone/APAP 4 years concurrently, Nucynta 50 mg #120 is not medically necessary.

NuVigil 150mg #30: 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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Nuvigil 150 mg #30 is not medically necessary. Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is useful to treat excessive sleepiness caused by narcolepsy for shift work sleep disorder. See the Official Disability Guidelines for details. In this case, the injured workers working diagnoses are chronic bilateral hand pain. According to progress note dated November

7, 2014, the patient continues to have problems with work because of the pain and he is unable to cope anymore. The treatment plan states the treating physician will continue Nucynta and add-on hydrocodone/APAP when the patient has to go to work because of excessive sedation from the more effective Nucynta. The treating physician states "will provide Nuvigil to see if that helps with sleepiness during the day which interferes with work". Nuvigil is not recommended solely to counteract the sedation effects of narcotics. The documentation indicates Nucynta causes excessive sedation despite its more effective analgesic effect. Consequently, Nuvigil is not recommended solely to counteract the sedative effects of narcotics and, therefore, Nuvigil is not medically necessary.