

Case Number:	CM15-0103150		
Date Assigned:	06/05/2015	Date of Injury:	03/12/2015
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 3/12/15. She has reported initial complaints of neck, shoulders, back, right lower extremity (RLE) and right foot pain/injury. The diagnoses have included cervical disc displacement, pain in joint of shoulder, lumbosacral spondylosis, and fracture of foot bone closed. Treatment to date has included medications, activity modifications, diagnostics, heat wrap, orthopedic consult, and conservative care. Currently, as per the physician progress note evaluation dated 5/8/15, the injured worker complains of persistent right foot pain that worsens with walking and standing, numbness in the right lateral calf, and neck pain that radiates to the left upper extremity with numbness in the left deltoid that radiates to the left elbow. She also reports bilateral shoulder and back pain. The diagnostic testing that was performed included x-ray of the right foot and Magnetic Resonance Imaging (MRI) of the right shoulder. The objective findings reveal that the neck exam reveals tenderness, decreased cervical range of motion with extension and rotation bilaterally, decreased sensations to light touch along the left arm, and positive Tinel's in the left wrist. The lumbar spine exam reveals tenderness, decreased lumbar range of motion with flexion, extension and rotation bilaterally, axial loading of the lumbar facet joints is positive for pain, and decreased sensations at the left calf. The exam of the bilateral shoulders reveals tenderness. The exam of the right foot reveals tenderness. The physician treatment plan is for surgical consult with podiatrist for the right foot, physical therapy for the back and shoulders and medications. The current medications included Skelaxin, Diclofenac cream, Thermacare heat wrap and Nucynta. The physician requested treatment included Nucynta 100 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg #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, Tapentadol (Nucynta).

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of 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 functional status. There is no evidence presented of 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 for this injury without acute flare, new injury, or progressive deterioration. The Nucynta 100 mg #120 is not medically necessary and appropriate.