

Case Number:	CM15-0106160		
Date Assigned:	06/10/2015	Date of Injury:	09/25/2012
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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: Emergency Medicine

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 29 year old female, who sustained an industrial injury on 09/25/2012. She has reported injury to the right shoulder. The diagnoses have included pain in joint, shoulder region; cervicgia; cervical spondylosis without myelopathy; degeneration cervical intervertebral disc; and spasm of muscle. Treatment to date has included medications, diagnostics, injections, acupuncture, and physical therapy. Medications have included Ibuprofen, Nucynta, and Celebrex. A progress report from the treating physician, dated 05/05/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of chronic right shoulder pain radiating to the right arm/hand and neck; right hand weakness and she drops items; the neck pain began approximately six months ago, as a result of pain and discomfort coming from the right shoulder; crepitus on the neck and shoulder on range of motion; numbness and tingling down the right arm and into all fingers of the right hand; the right shoulder pain is worse than the right upper extremity or neck pain at this time; heat and rest provide relief; no longer taking Ibuprofen because it does not really work; average pain level is rated at 4-5/10 on the pain scale; has poor sleep quality due to pain; physical therapy has helped; and acupuncture has helped while she was going to sessions. Objective findings included minimal cervical crepitus on cervical range of motion; tenderness to palpation and spasm of trapezius and rhomboid muscles; positive paracervical trigger points; and mild sensory deficits of the right upper extremity to thumb side. The treatment plan has included the request for Nucynta 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. 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 ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta.

Decision rationale: The requested Nucynta 50 mg #60 is not medically necessary. CA MTUS is silent. ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta is not recommended, but only recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The injured worker has chronic right shoulder pain radiating to the right arm/hand and neck; right hand weakness and she drops items; the neck pain began approximately six months ago, as a result of pain and discomfort coming from the right shoulder; crepitus on the neck and shoulder on range of motion; numbness and tingling down the right arm and into all fingers of the right hand; the right shoulder pain is worse than the right upper extremity or neck pain at this time; heat and rest provide relief; no longer taking Ibuprofen because it does not really work; average pain level is rated at 4-5/10 on the pain scale; has poor sleep quality due to pain; physical therapy has helped; and acupuncture has helped while she was going to sessions. Objective findings included minimal cervical crepitus on cervical range of motion; tenderness to palpation and spasm of trapezius and rhomboid muscles; positive paracervical trigger points; and mild sensory deficits of the right upper extremity to thumb side. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Nucynta 50 mg #60 is not medically necessary.