

Case Number:	CM15-0108335		
Date Assigned:	06/15/2015	Date of Injury:	09/09/2012
Decision Date:	07/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on September 9, 2012. The injury occurred when the injured workers left hand was shut in a van door. The injured worker has been treated for left upper extremity complaints. The diagnoses have included reflex sympathetic dystrophy syndrome of the upper limb and chronic pain syndrome. Treatment to date has included medications, radiological studies, physical therapy, massage therapy, a transcutaneous electrical nerve stimulation unit, stellate ganglion block, spinal cord stimulator placement, heat/ice treatments, functional restoration program, home exercise program and left hand surgery. Current documentation dated April 27, 2015 noted that the injured worker reported left upper extremity pain. Examination of the upper extremities revealed a temperature change in the left arm and left wrist, swelling in the right hand, color change in the right hand and arthritic changes in the left hand. The injured worker also had decreased strength with left wrist extension and flexion and decreased grip strength on the left as compared to the right. The injured worker was also noted to have had hypersensitivity in the left hand and fingers and was unable to close the index finger and middle finger on the left hand. The documentation notes that he injured worker had a sixty-seventy percent benefit from the use of Nucynta and Lyrica. The injured worker noted that without the medications the she would not be able to perform activities of daily living. The treating physician's plan of care included a request for Nucynta 50 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta tablet 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Nucynta (tapentadol) is an opioid medication with a dual mode of action; simulates opioid receptors and inhibits norepinephrine reuptake. It is indicated for use to treat moderate to severe pain and comes in a short-acting preparation (Nucynta) and a long-acting, extended release preparation (Nucynta ER). According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. For this patient there is evidence in the notes available for review that the provider is following these recommendations with the exception of a urine drug screen. However, there is no annotation in the notes of aberrant drug-seeking behaviors. The patient is taking other first-line chronic pain medication without full control of her pain. The provider has documented improvement in pain relief and functioning with use of this medication. Additionally, the present dose of Nucynta has a morphine equivalent dose of 55 mg/day. This well within the MTUS recommended morphine equivalent daily dose. Given all the above information, the request is medically necessary.