

Case Number:	CM15-0017785		
Date Assigned:	02/05/2015	Date of Injury:	01/25/2000
Decision Date:	09/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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 64 year old female who sustained an industrial injury on January 25, 2000. A primary treating office visit dated September 04, 2014 reported subjective complaint of continues with bilateral hand pain. There is pain at bilateral hand, wrist, thumb; left side worse. In addition, at times she feels the whole left hand numb while walking, and otherwise, the numbness at the ulnar aspect of left hand and small ring and long finger. She is utilizing contrast baths, ice application and Ibuprofen, Tylenol as needed. Objective findings showed upper extremity physical exam as unchanged. Range of motion of the elbows, wrists and fingers bilaterally within normal limits all planes. There is moderate edema over the dorsal radial wrists and thenar, hypothenar and interosseous strength mildly diminished let versus right with mild atrophy left greater, a positive Finkelstein's bilaterally; left worse. There is also note of a mildly positive Tinel's at left wrist along with mild tenderness to palpation at the dorsal hand interosseous space 4th and 5th digits. Medications were refilled this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 78, 48, 124-127.

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

Decision rationale: NUCYNTA (tapentadol) Tablets has the chemical name 3-[(1R, 2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl] phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. NUCYNTA (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, 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). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Nucynta 50mg #28 is not medically necessary and appropriate.