

Case Number:	CM15-0131155		
Date Assigned:	07/17/2015	Date of Injury:	02/02/2012
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, Michigan

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 70 year old female, who sustained an industrial injury on February 2, 2012. She reported severe pain in the back and down her left lateral and posterior aspect of thigh and cuff. The injured worker was diagnosed as having enthesopathy, rotator cuff syndrome of shoulders and allied disorders, cervicgia, and pain in shoulder joint. Treatments and evaluations to date have included clavicle surgery, lumbar epidural steroid injection (ESI), radiofrequency ablation, home exercise program (HEP), physical therapy, MRIs, TENS, acupuncture, and medication. Currently, the injured worker complains of ongoing neck that goes down her bilateral upper extremities and low back pain that radiates into the left lower extremity all the way to the ankle. The Treating Physician's report dated June 12, 2015, noted the injured worker had been out of medication for a whole month as her Norco was denied, and has been in a lot of pain. The injured worker noted the Norco was helping her with her pain and she was able to door floor exercises, activities of daily living (ADLs), go for walks, and do her chores. The injured worker was noted to be bed bound without her medications, rating her pain as 9-10/10 on the visual analog scale (VAS). The injured worker was noted to have arthritis of the lumbar spine facets at L4-L5 and L5-S1 levels, with her examination very impressive for left L5-S1 radicular findings. Neck movements were painful, with tenderness and tight bands noted bilaterally on the cervical paravertebral muscles. The lumbar paravertebral muscles were noted with spasms and tenderness bilaterally with a straight leg raise test positive on the left. The injured worker was noted to have lymphedema on the right side with a lot of swelling in her right lower extremity. Her current medications were listed as Norco, Crestor, Lorazepam, and Gabapentin. The treatment plan was noted to include switching to Nucynta IR as her Norco was pending approval, recommendations for injections to L5-S1 and C5-C6, and continuation with her medications, including Neurontin which was prescribed by her primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain; Opioids for neuropathic pain Page(s): 76-80, 80-82, 82-83.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The MTUS is silent on the use of Nucynta. The Official Disability Guidelines (ODG) notes Nucynta (Tapentadol) is recommended only as a second line therapy for patients that develop intolerable adverse effects with first line opioids. The documentation provided noted the injured worker's was prescribed Nucynta as her Norco was pending approval. There was no documentation in the record of the injured worker having adverse effects from the use of the Norco. The injured worker was noted to have reduced pain and increased function with use of her Norco, and has had no side effects or evidence of over utilization of the medication. There was no documentation supplied to indicate that the injured worker had developed intolerable adverse effects from her Norco that would require the second line therapy of the Nucynta. Therefore, based on the guidelines, the documentation submitted for review did not support the request for Nucynta IR 50mg #90 and is not medically necessary.