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| Case Number: | CM15-0131272 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 01/12/2011 |
| Decision Date: | 09/24/2015 | UR Denial Date: | 06/09/2015 |
| 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: New York, West Virginia, Pennsylvania
 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 54-year-old female injured worker suffered an industrial injury on 01/12/2011. The diagnoses included anxiety disorder, hypertension, shoulder joint pain, chronic pain due to trauma and cervicalgia. The treatment included medications. On 5/26/2015, the treating provider reported continued complaints of neck pain that is constant and radiated to the right shoulder. The pain on average is 3/10. Her pain level without medications is 9 to 10/10 and functionality decreased by 70%. She also had difficulty staying asleep due to pain. She had 50% relief with current medications she was able to self-engage in self-activities such as driving, lighthouse work and cooking light meals. Without medications, the injured worker cannot perform these daily activities. On 2/16/2015 there was an inconsistent urine drug screen not showing the prescribed medications, however, the month prior, she had not been approved for her medications. The injured worker had not returned to work. The requested treatments included Nucynta 50mg #90 and Soma 250mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: 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 (updated 04/30/15) - Online Version Tapentadol (Nucynta).

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

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the documentation provided lacks evidence of a pain contract on file or a urine drug screen performed to monitor compliance and screen for aberrant behavior. The request for Nucynta 50mg #90 is not medically necessary.

Soma 250mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia agents Page(s): 63-65.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Soma 250 mg #30 is not medically necessary.