

Case Number:	CM15-0131631		
Date Assigned:	07/17/2015	Date of Injury:	03/25/2003
Decision Date:	08/20/2015	UR Denial Date:	07/03/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 58 year old female, who sustained an industrial injury on March 25, 2003, incurring upper extremities injuries from repetitive motions. She was diagnosed with repetitive stress injuries of the right and left upper extremities. Treatment included physical therapy, splinting, cortisone injections, anti-inflammatory drugs, muscle relaxants, neuropathic medications, and pain management. Neurodiagnostics testing revealed left carpal tunnel syndrome. She underwent right ulnar nerve surgery but had continued pain. In March, 2005, the injured worker underwent a right wrist arthroscopic debridement and right carpal tunnel release and left elbow surgery. Currently, the injured worker complained of persistent bilateral hand pain and numbness with restricted range of motion. The treatment plan that was requested for authorization included prescriptions for Nucynta and MSIR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Opioid Dosing Calculator. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Tapentadol (Nucynta) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no overall improvement in function attributable to their use. MTUS 2009 states that opioids used to treat non-cancer pain should improve pain limited function. The clinical examination during each visit demonstrates the same pain limited mobility and strength while taking the opioids. The objective information provided in the medical record does not demonstrate any clinically meaningful function attributable to the use of opioids. Therefore, Nucynta is not medically necessary.

MSIR 30 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no overall improvement in function attributable to their use. MTUS 2009 states that opioids used to treat non-cancer pain should improve pain limited function. The clinical examination during each visit demonstrates the same pain limited mobility and strength while taking the opioids. The objective information provided in the medical record does not demonstrate any clinically meaningful function attributable to the use of opioids. Therefore, morphine is not medically necessary.

Baclofen 20 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Spasticity Page(s): 64.

Decision rationale: MTUS 2009 specifically states that Baclofen is indicated for muscle spasticity arising from neuromuscular conditions such as multiple sclerosis and other upper motor neuron syndromes. Muscle spasticity differs from muscle spasm for which Baclofen is not indicated. There has been no demonstrable improvement in the patient's condition while using Baclofen. Therefore, Baclofen is not medically necessary.