

Case Number:	CM15-0139606		
Date Assigned:	07/29/2015	Date of Injury:	10/14/2002
Decision Date:	08/27/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old male sustained an industrial injury to the left shoulder and neck on October 14, 2002. The injured worker underwent arthroscopic surgery with rotator cuff repair without improvement to pain. Recent treatment consisted of medication management and injections. The injured worker was also receiving ongoing care for major depression with psychotic features and anxiety. In a PR-2 dated June 10, 2015, the injured worker complained of constant neck and arm pain. Physical exam was remarkable for right hand weakness. Current diagnoses included chronic regional pain syndrome and reflex sympathetic dystrophy. The treatment plan included medications (Nucynta, Flexeril and Adderall) and requesting a stellate plexus block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tapentadol (Nucynta); When to discontinue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 39 year old male with an injury on 10/14/2002. He had rotator cuff surgery and continues to have neck and arm pain. He has right hand weakness and was diagnosed with reflex sympathetic dystrophy/chronic regional pain syndrome. Nucynta is an opioid. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.