

Case Number:	CM15-0146570		
Date Assigned:	08/07/2015	Date of Injury:	08/06/2009
Decision Date:	09/03/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old male who sustained an industrial injury on 08-06-2009. Mechanism of injury was not found in documentation presented for review. He sustained injuries to his back, knee and hip. Diagnoses include low back pain on the right side with radiating symptoms to his bilateral hips, and bilateral posterior thighs, status post right knee arthroscopic surgery on 09-07-2010, status post left knee arthroscopic surgery on 10-27-2010 with no benefit, bilateral hip arthritic pain-an unofficial report of a Magnetic Resonance Imaging from June of 2011 revealed inflammation of the tenosynovial left iliopsoas, degeneration of the acetabular labrum, rim spurring, and some cartilage loss, and an unofficial report of a Magnetic Resonance Imaging of the right hip done in June of 2010 showed mild degenerative changes at the right hip and tenosynovial inflammation at the right iliopsoas, an unofficial report of an Electromyography of the bilateral lower extremities on 06-13-2011 showed a suggestion of sensory polyneuropathy, and he has right shoulder pain after a fall-an unofficial report of a Magnetic Resonance Imaging of the right shoulder revealed hypertrophic change of the inferior aspect of the right acromioclavicular joint causing impingement over at the musculotendinous junction of the supraspinatus. Treatment to date has included diagnostic studies, surgery, medications, and injections. On 11-21-2014 a Magnetic Resonance Imaging of the right thigh revealed a lipoma. His current medications include Zanaflex, Ambien, and Lexapro, Zyprexa and blood thinners and cardiac medications. A physician progress note dated 06-24-2015 documents the injured worker complains of back and bilateral knee pain which he rates as 8-9 out of 10. He has been without his Norco this month; he did not fill the prescription

for the last month. The injured worker has been struggling with pain without his medications. Zanaflex improved his myofascial pain and muscle spasms, and Ambien helped with sleep and Motrin helped with some of his pain. He has an antalgic gait. He has tenderness to palpation of the lumbar spine paraspinal muscles with limited range of motion. In the past his medications improved his mobility, and improved his quality of life. Treatment requested is for Nucynta 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2009 and continues to be treated for low back and bilateral knee pain. When seen, Norco is referenced as decreasing pain from 8/10 to 4/10 and allowing for an increased level of activity. Physical examination findings included decreased lumbar spine range of motion with tenderness. There was decreased bilateral knee range of motion with pain. Authorization for Nucynta was requested. The total MED (morphine equivalent dose) being requested was less than 70 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Nucynta ER (tapentadol) is a sustained release medication used for baseline pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain despite using Norco and no other long acting agent was being prescribed. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was appropriate and medically necessary. Therefore, the request is medically necessary.