

Case Number:	CM15-0147241		
Date Assigned:	08/10/2015	Date of Injury:	12/29/2001
Decision Date:	09/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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

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 12-29-2001. The injured worker is currently permanently disabled. The injured worker is currently diagnosed as having reflex sympathetic dystrophy to upper limb and long-term prescription use. Treatment and diagnostics to date has included psychotherapy and medications. In a progress note dated 06- 09-2015, the injured worker reported pain in his left elbow and chest and rated pain 7 out of 10 on the pain scale. Objective findings included elbow joint tenderness with decreased range of motion. The treating physician reported requesting authorization for Oxycodone and Nucynta ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 30mg #320: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone immediate release; Opioids, dosing; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with left upper extremity pain and severe RSD. The current request is for Oxycodone 30mg, quantity 320. UR dated 6/30/15 (4A) notes the patient's current daily morphine equivalent dose (MED) is 360mg. The treating physician notes on 7/21/15 (413B) the patient has been doing very poorly as his medications were not filled due to non-certification. The physician continues, "Patient needs meds. They increase function and decrease pain. Without them he suffers and cannot rest." On 6/9/15 (395B) he requests Oxycodone 30mg, 1/3 tablet, PO, Q4-5H PRN, 30 days for a total of 240. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Additionally, the daily morphine equivalent should not exceed 120. In this case, there is no discussion regarding aberrant behaviors. Additionally, there is insufficient documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The medical records indicate about a 10% decrease in pain from a 10 to a 9 despite doses of opioid far exceeding 120 morphine equivalents. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

1 prescription of Nucynta ER 200mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Tapentadol (Nucynta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Tapentadol (Nucynta).

Decision rationale: The patient presents with left upper extremity pain and severe RSD. The current request is for Nucynta ER 200mg, quantity 60. The treating physician notes on 7/21/15 (413B) the patient has been doing very poorly as his medications were not filled due to non-certification. The physician continues, "Patient needs meds. They increase function and decrease pain. Without them, he suffers and cannot rest. Nucynta really helped but it was non-certified." The treating physician reports provided for review did not specify rationale for a prescription of Nucynta. Per the UR dated 6/30/15 (4A), the physician indicated the patient previously medicated with Nucynta, request is to restart this prescription. The ODG Guidelines Pain chapter regarding Nucynta states, "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids." In this case, the clinical history has documented that the patient was previously utilizing opioids that were ineffective in controlling the patient's pain. The clinical history documents that the required criteria for opioid usage has been met and ODG supports the usage of Nucynta. The current request is medically necessary.