

Case Number:	CM15-0160658		
Date Assigned:	08/27/2015	Date of Injury:	07/11/2009
Decision Date:	09/29/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 43-year-old female who sustained an industrial injury on 07-11-2009. Diagnoses include pain in joint, shoulder; lumbar disc displacement without myelopathy; neck pain; and unspecified major depression, recurrent episode. Treatment to date has included medications, acupuncture, physical therapy and activity modification. According to the progress notes dated 7- 23-2015, the IW (injured worker) reported chronic neck, shoulder and upper extremity pain rated 6 out of 10 without medications and 4 out of 10 with them. Her medications reportedly enabled her to continue her home exercise program and stretching with less pain. Any heavy lifting and repetitive rotating of the head aggravated the pain. She was not sure if acupuncture was helpful, as she had just begun therapy, but physical therapy provided temporary relief of pain. On examination, the IW was alert and oriented without signs of sedation. Electrodiagnostic testing on 10-22-2012 was mentioned, showing normal results. Medications include Protonix, Lexapro, Trazodone, Diclofenac topical cream, Zanaflex, ThermaCare and Nucynta. The IW did not wish to have any invasive treatment, so conservative measures would continue. A request was made for Nucynta 50mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, 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 section, NucyntaPain section, Opiates.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 50mg #90 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are pain in joint shoulder; lumbar disc displacement without myelopathy; neck pain; and unspecified major depression recurrent episodes. Date of injury is July 11, 2009. Request for authorization is July 28, 2015. According to a June 18, 2015 progress note, the current medications included Nucynta. There was no documentation of intolerable adverse effects with other first-line opiates. The most recent progress note in the medical record dated July 23, 2015 subjectively stated the injured worker tolerated medications with the pain score a 4/10. Ongoing complaints are bilateral shoulder, neck and left elbow. There is no documentation of intolerable adverse effects with first-line opiates. As a result, there is no clinical indication for Nucynta. Nucynta is reserved for patients who develop intolerable adverse effects with first-line opiates. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of the intolerable adverse effects with first-line opiates, Nucynta 50mg #90 is not medically necessary.