

Case Number:	CM15-0164486		
Date Assigned:	09/01/2015	Date of Injury:	06/21/2008
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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 (IW) is a 53 year old male who sustained an industrial injury on 06-21-2008. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having a major depressive disorder, single episode, severe. Treatment to date has included medications, Cognitive Behavioral Therapy (CBT) MRI of the brain, and a CT of the brain. He has tried and failed physical therapy. He was evaluated by a neuropsychologist. Currently, the injured worker is seen for reevaluation regarding his neck, back, wrists, and elbows. He is seeing another provider for complaints of right sided facial numbness. The pain is described as aching, stabbing, and in the head, neck, shoulders, forearms, hands, low and mid back. The pain is worse with sitting, standing, walking bending, lifting, and lying down. The IW feels it necessary to change positions every 30 minutes to one hour. The pain is better with injections, physical therapy, changing positions and medications. He feels his medications are helpful and well tolerated. Medications as of 07-15-2015 include Nucynta for severe pain, mirtazapine for depression due to chronic pain, Ibuprofen for inflammation, and omeprazole for GI upset caused by ibuprofen. The treatment plan includes CBT (cognitive behavioral therapy). On exam, he reports nausea, vomiting, constipation, and acid indigestion. He reports muscle pain and joint pain. He reports numbness, headaches with no migraines, vertigo or balance problems. He has mild diffuse posterior tenderness in the cervico thoracic area and has a decrease in range of motion secondary to pain in all directions. He has a decrease in motor grip of the right hand with muscle wasting over the ulnar side of the right hand. The shoulders and thoracolumbar spine have mild diffuse tenderness to palpation. Range of motion

in the shoulder is normal, and he has a mild decreased range of motion in the spine with flexion and extension. The treatment plan includes a refill of Nucynta for pain. A request for authorization was submitted for Nucynta 75mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82, 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, Criteria For Use, (3) Opioids, Dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in June 2008 and is being treated for neck, back, wrist, and elbow pain. Treatments have included two cervical spine and bilateral shoulder surgeries. Medications are referenced as decreasing pain from an average of 6.5/10 to 5/10. Urine drug screening has been consistent with the prescribed medications. When seen, he felt medications were helpful and they were being well-tolerated. Physical examination findings included a BMI of nearly 28. There was decreased and painful spinal range of motion with diffuse tenderness. There was decreased right upper extremity strength and sensation. There was right shoulder tenderness with normal range of motion. The assessment references opioid medication as helping to control pain with increased function including activities of daily living. Nucynta was refilled at a total MED (morphine equivalent dose) of 110 mg per day. Opioid rotation from Norco was done in April 2015. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta (Tapentadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing what is considered as a clinically significant degree of pain relief with improved activities of daily living. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.