

Case Number:	CM15-0164871		
Date Assigned:	09/02/2015	Date of Injury:	05/31/2011
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
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: California

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 52 year old female who sustained an industrial injury on 05/31/2011. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Carpal tunnel syndrome; Chronic regional pain syndrome type II; Gastroesophageal reflux disease. Neuropathy Treatment to date has included oral and topical pain medications. On 08-04-2015, the worker is seen in follow up for pain medication management for pain in neck and hands, carpal tunnel, and also neuropathic pain in feet. She also complains of muscle spasms in hands that increase when she is holding an object such as a book. There is no objective exam of the neck, hands, ankles or feet at this visit. The treatment plan is for refills of current medications as they are effective for her. A request for authorization was submitted for: 1. Nucynta ER 150mg #60 do not fill before 08/14/2015; 2. Lyrica 100mg #30 with 3 refills; 3. Nucynta ER 150mg #60 do not fill before 09/13/2015; 4. Lyrica 150mg #60 with 3 refills; 5. Nucynta ER 75mg #60 do not fill before 08/14/2015, and 6. Nucynta ER 75mg #60 do not fill before 09/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #60 do not fill before 08/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Nucynta (tapentadol), it is an opioid with SNRI activity. Even though the CPMTG does not mention Nucynta, guidelines on opioid can be found on page 75-80. Regarding opioid medications, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). The patient has had recent urine drug screen, but the results were not provided to verify consistent use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta (tapentadol) is not medically necessary.

Lyrica 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.

Nucynta ER 150mg #60 do not fill before 09/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Nucynta (tapentadol), it is an opioid with SNRI activity. Even though the CPMTG does not mention Nucynta, guidelines on opioid can be found on page 75-80. Regarding opioid medications, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). The patient has had recent urine drug screen, but the results were not provided to verify consistent use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta (tapentadol) is not medically necessary.

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Nucynta ER 75mg #60 do not fill before 08/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization

Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Nucynta (tapentadol), it is an opioid with SNRI activity. Even though the CPMTG does not mention Nucynta, guidelines on opioid can be found on page 75-80. Regarding opioid medications, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). The patient has had recent urine drug screen, but the results were not provided to verify consistent use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta (tapentadol) is not medically necessary.

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