

Case Number:	CM15-0192228		
Date Assigned:	10/06/2015	Date of Injury:	03/25/2003
Decision Date:	11/13/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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 58 year old female, who sustained an industrial injury on 03-25-2003. She has reported injury to the neck, bilateral shoulders, elbows, forearms, wrists, and hands. The diagnoses have included bilateral upper extremity repetitive injury; status post bilateral ulnar nerve transposition surgery; status post right wrist arthroscopic surgery; status post right carpal tunnel release; bilateral upper extremity internal derangement; bilateral upper extremity tendinitis; and bilateral upper extremity sprain-strain. Treatment to date has included medications, diagnostics, heating pad, ice, massage, bracing, physical therapy, and surgical intervention. Medications have included Motrin, Baclofen, Lyrica, Norco, Nucynta, and MSIR (Morphine Sulfate Immediate Release) (since at least 05-05-2012). A progress report from the treating physician, dated 09-08-2015, documented an evaluation with the injured worker. The injured worker reported bilateral arm, elbow, forearm, wrist, hand, and wrist extensors pain with numbness in the bilateral hands; the pain is exacerbated by lifting; mitigating factors include pain medications hot bath, massage, heating pad, and ice; and the Nucynta and the MSIR provide 50% improvement of her pain with 50% improvement of her activities of living such as self-care and dressing. Objective findings included she is alert and in no acute distress; bilateral upper extremities and wrist ranges of motion were restricted by pain in all direction; bilateral upper extremities and wrist provocative maneuvers were positive; Tinel's, Phalen's, and Durkin's tests were positive; there is tenderness upon palpation of the bilateral elbows and wrists, the right lateral epicondyle and right brachioradialis; there is increased pain at the right lateral epicondyle with resisted wrist extension; Tinel's at the elbow and carpal tunnel were positive bilaterally; and

"there is a change in condition as the patient has failed to wean from Nucynta and MSIR". The treatment plan has included the request for 1 prescription for Nucynta 100mg #90; and 1 prescription for MSIR 30mg #30. The original utilization review, dated 09-25-2015, non-certified the request for 1 prescription for Nucynta 100mg #90; and modified 1 prescription for MSIR 30mg #30, to 1 prescription for MSIR 30mg #17.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Nucynta 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Tapentadol (Nucynta) (09/09/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation ODG Worker's Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work injury in March 2003 and is being treated for bilateral upper extremity pain. She has a history of multiple upper extremity surgical procedures with right wrist surgery in 2004 and 2007 and elbow surgery on the right in 2003 and on the left in 2006. When seen, medications are referenced as decreasing pain by 50% with a 50% improvement in activities of daily living. Pain scores were not recorded. Physical examination findings included a body mass index over 25. There was decreased and painful upper extremity range of motion bilaterally with wrist and elbow tenderness. Phalan, Durkan, and Tinel's testing at the wrist and elbow were positive. Nucynta was prescribed at a MED (morphine equivalent dose) of 36.5 mg per dose and MSIR at 30 mg per dose. 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. Although there are no identified issues of abuse or addiction, the total daily MED is in excess of 120 mg per day and there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. MSIR is also being prescribed at an equivalent MED and prescribing two immediate release opioid medications is duplicative. Nucynta is not an ODG formulary medication. The request is not medically necessary.

1 prescription for MSIR 30mg #30: 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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in March 2003 and is being treated for bilateral upper extremity pain. She has a history of multiple upper extremity surgical procedures with right wrist surgery in 2004 and 2007 and elbow surgery on the right in 2003 and on the left in 2006. When seen, medications are referenced as decreasing pain by 50% with a 50% improvement in activities of daily living. Pain scores were not recorded. Physical examination findings included a body mass index over 25. There was decreased and painful upper extremity range of motion bilaterally with wrist and elbow tenderness. Phalan, Durkan, and Tinel's testing at the wrist and elbow were positive. Nucynta was prescribed at a MED (morphine equivalent dose) of 36.5 mg per dose and MSIR at 30 mg per dose. MSIR 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. Although there are no identified issues of abuse or addiction and the total MED is in excess of 120 mg per day and there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Nucynta is also being prescribed at an equivalent MED and prescribing two immediate release opioid medications is duplicative. Continued prescribing is not medically necessary.