

Case Number:	CM15-0200861		
Date Assigned:	10/20/2015	Date of Injury:	03/26/1997
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 67 year old, female who sustained a work related injury on 3-26-97. A review of the medical records shows she is being treated for neck, low back and shoulders pain. In progress notes dated 7-29-15 and 9-25-15, the injured worker reports pain in neck, low back and both shoulder pain. She rates her neck pain a 7 out of 10. At best, pain is a 3 out of 10 and at worst, pain is an 8 out of 10. She reports increased pain in right hand with swelling, numbness and tingling. Pain in low back and left shoulder are stable with pain medications. On physical exam dated 9-25-15, she has tenderness to palpation across the neck. She has decreased cervical range of motion. She has decreased grip in both hands, right greater than left. Treatments have included cervical spinal cord stimulator, medications, cervical spine surgery, physical therapy; trigger point injections, aqua therapy, and cervical and lumbar spine epidural injections. Current medications include Nucynta, Voltaren, Wellbutrin, and Gabapentin. She was prescribed the Nucynta in April, 2015. There is insufficient documentation on the effectiveness of this medication to decrease pain levels and to increase functional capabilities. She is retired. The treatment plan includes requests for an orthopedic-hand surgeon, for a home aid and medication refills. In the Utilization Review dated 10-7-15, the requested treatment of Nucynta 75mg. 30 day supply, #120 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta Tab 75mg Day Supply 30 #120 Refills 00 1 Tablet Four Times A Day For 30 Days:
Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, These Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's: (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS is silent on the use of Nucynta specifically. With regard to Tapentadol (Nucynta), the ODG states: "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations." Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids; Four domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's, (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Nucynta or any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 7/15/15 was negative for opioids. The MTUS recommends discontinuing opioids if there is no overall improvement in function. Furthermore, the documentation submitted for review did not contain evidence of failure of first line opioids. Medical necessity cannot be affirmed. The request is not medically necessary.