

Case Number:	CM15-0021294		
Date Assigned:	02/10/2015	Date of Injury:	07/11/2013
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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

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 male patient, who sustained an industrial injury on 07/11/2013. A primary treating office visit dated 01/13/2015, reported the following diagnoses applied; right shoulder rotator cuff tear, status post arthroscopic repair and distal clavical resection; L5-S1 disc degeneration; L4-S1 facet arthropathy; left leg radiculopathy; right trigger finger; post-operative right carpal tunnel syndrome versus cervical radiculopathy; coccydina, and chronic intractable pain. Objective findings showed a straight leg raise positive on the lower left extremity. Prior diagnostic testing showed 04/07/2014 radiography right hand, no acute results. 04/07/2014 radiography lumbar spine showed moderate disc height loss L5-S1; moderate facet arthropathy L4-S1; and no fracture or instability found. The patient noted being given a refill of Nucynta. He is temporarily partially disabled. On 01/13/2015, a request was made for medication Nucynta 75 mg. On 01/27/2015, Utilization Review, non-certified the request, noting the Ca MTUS, Chronic Pain, Opioids, was cited. The injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: NUCYNTA (tapentadol) Tablets has the chemical name 3-[(1R,2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl]phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. NUCYNTA (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Nucynta 75 mg #60 is not medically necessary and appropriate.