

<b>Case Number:</b>	CM15-0022210		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 53 year old male who sustained an industrial injury on 08/03/2011. He has right shoulder and right upper extremity pain. Diagnoses include cervical degenerative disc disease, cervical radiculitis, and chronic neck pain. Treatment to date has included use of a TENS Unit, epidural steroid injections, physical therapy, and cognitive behavioral therapy. A physician progress note dated 01/21/2015 documents the injured worker has continued right shoulder and right upper extremity pain. Pain is described as burning, stabbing and aching in his neck, right trapezius, right shoulder and right upper extremity. Pain is rated as 4 out of 10 on the Visual Analog Scale without medications and 3 out of 10 with medications on the last visit. Prior visits reported a 50% improvement from 8-9/10 down to 3/10 with meds. Functional improvements have been well documented. On palpation he has tenderness in the right shoulder and right upper extremity diffusely, and limited range of motion. He has had a trigger finger release on 7/16/2014 which did not help his pain, but he is able to close his fist. He has had a stellate ganglion block and a cervical epidural steroid injection and did not feel the provided any pain relief. Treatment requested is for Naproxen 550 mg, sixty count, Nucynta 100 mg, sixty count, and Omeprazole 20 mg, sixty count. On 01/31/2015 Utilization Review modified the request for Nucynta 100mg, # 60 to Nucynta 100mg, #48, and cited was California Medical Treatment Utilization Schedule (MTUS) Guidelines. The request for Omeprazole 20mg, # 60 was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. The request for Naproxen 550 mg, sixty count was

non-certified, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nucynta 100 mg, sixty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80. Decision based on Non-MTUS Citation <http://www.drugs.com/newdrugs/fda-approves-nucynta-er-tapentadol-extended-release-oral-management-neuropathic-pain-associated-3461.html>

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief and functional benefits. MTUS Guidelines does not directly address this newer opioid. ODG Guidelines addresses it and it is recommended as a second line opioid when others are not tolerated. However, there is a good body of evidence that it is also proven to have greater benefits for neuropathic pain than other opioids. The latest narrative stated that pain levels had dropped to 4/10 without medications. This is obviously a typo as pain levels have been near 9/10 for months to years and a chronic radiculitis syndrome would not suddenly improve like this without other supporting documentation. Under these circumstances, the Nucynta 100mg #60 is supported by Guidelines and is medically necessary.

**Omeprazole 20 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

**Decision rationale:** MTUS Guidelines support the use of PPI's (Omeprazole) when there are GI symptoms secondary to medications. However, the Guidelines recommend the usual and customary dose of Omeprazole of 20mg. per day. The treating physician does not justify why double the usual dose is office dispensed (40mg./day), which is not supported by Guidelines. These are not benign medications with long term use associated with increased fractures, vitamin malabsorption and biological mineral dysregulation. Under these circumstances the Omeprazole 20mg. #60 is not medically necessary.

**Naproxen 550 mg, sixty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67, 68.

**Decision rationale:** MTUS Guidelines allow for the long term use of NSAIDs when there is a mixed pain syndrome that includes neuropathic and nociceptive pain. These conditions are well documented in this individual and it is well documented that he receives significant pain relief from his current medications which include Naproxen. Under these circumstances, Guidelines support the use of Naproxen 550mg. #60 and it is medically necessary.