

Case Number:	CM15-0213612		
Date Assigned:	11/03/2015	Date of Injury:	01/05/2000
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/30/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female who sustained an industrial injury on January 5, 2000. Medical records indicated that the injured worker was treated for right upper extremity and neck pain. Her medical diagnoses include right upper extremity complex pain syndrome, status post right lateral epicondyle release and right De Quervain's tendon release with wind up of central pain disorder. In the provider notes dated September 3, 2015 to October 5, 2015 the injured worker complained of upper extremity pain. "Pain same". She rates her pain level 5 to 6 on the pain scale. She is being maintained on Nucynta and is gaining weight with Lyrica. On exam, the documentation stated that there is much less tenderness to "the fibromyalgia tender points, suboccipital shoulder girdle and hip girdle tender points." There is less myofascial tension in the cervical extensors and bilateral trapezius muscles. There is significant tenderness of the right lateral epicondyle of the elbow. There is a faint Hoffman's reflex on the right side. The treatment plan is to reduce Nucynta to 4 per day while substituting Subutex 8 mg 4 per day, request sympathetic block and continue low dose of Lyrica. A Request for Authorization was submitted for Nucynta 75 mg #120. The Utilization Review dated October 19, 2015 denied the request for Nucynta 75 mg #120, however 1 month supply allowed for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tapentadol (Nucynta).

Decision rationale: CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case the exam note from 10/5/15 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore the determination is for non-certification. The request is not medically necessary.