

Case Number:	CM15-0214537		
Date Assigned:	11/04/2015	Date of Injury:	12/14/2009
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/31/2015

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 55 year old female, who sustained an industrial-work injury on 12-14-09. A review of the medical records indicates that the injured worker is undergoing treatment for Complex regional pain syndrome (CRPS) of the left lower extremity (LLE), neuralgia and neuritis, muscle spasm of the calf and pain in the left ankle and joints of left foot. Treatment to date has included pain medication, Gabapentin, Zanaflex, Nucynta since at least 4-21-15, right paralumbar sympathetic block 8-19-15, diagnostics, and other modalities. Medical records dated (4-21-15 to 10-5-15) indicate that the injured worker complains of chronic left foot and ankle pain status post plantar fasciitis of left foot and history of surgical treatment. She reports that the medications relieve the pain but that cramping has returned. She reports that the average pain since last visit is 6-7 out of 10 on the pain scale, mood since last visit is 7-9 out of 10 and functional level since last visit is 6-7 out of 10. This has been unchanged. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The work status is not noted in the medical records. The physical exam dated (4-21-15 to 10-5-15) reveals that she has ongoing symptoms of neuropathic pain with classic symptoms of Complex regional pain syndrome (CRPS) of the left greater than the right lower extremity (RLE) She has left foot pain symptoms now with Reflex sympathetic dystrophy syndrome. She has cramping complaints in the left lower extremity (LLE) and right lower extremity (RLE). She has left foot weakness with extension and there is no new neurological deficit noted. She has difficulty with ambulating due to pain. The physician indicates that the medications that were trialed and failed included Lyrica, Dilaudid, Lidoderm patch, Butrans, Voltaren gel, Cymbalta, Gralise, Lunesta, Duexis

(side effects were jittery, stressed, skin irritation). The treating physician indicates that the urine drug test result was consistent with the medication prescribed. The request for authorization date was 10-6-15 and requested service included Nucynta ER 50mg #60 for the left foot pain. The original Utilization review dated 10-13-15 modified the request for included Nucynta ER 50mg #60 modified to Nucynta ER 50mg #45 for continued weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #60 for the left foot pain: 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.

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 p78 regarding on-going management of opioids "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." Review of the available medical records reveals no documentation to support the medical necessity of Nucynta nor 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. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. 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. Therefore, the request is not medically necessary.