

Case Number:	CM15-0218078		
Date Assigned:	11/10/2015	Date of Injury:	10/07/2004
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 69 year old female who sustained an industrial injury on 10-7-04. A review of the medical records indicates that the worker is undergoing treatment for status post bilateral carpal tunnel releases with ongoing symptoms, history of bilateral upper extremity pain with neuropathic component of burning pain, chronic medial and lateral epicondylitis in the elbows, history of olecranon bursitis right elbow, history of distal radial fracture of the right upper extremity-nonindustrial, dysesthesias in the upper extremities persisting, possible component of complex regional pain syndrome or neuropathic component of pain. Subjective complaints (10-13-15) include upper extremity pain, worse on the right, ongoing dysesthesias and burning sensation in the arms, diminished ability to grip and grasp, and pain is rated at 8 out of 10, at best is 4 out of 10 with medications and 10 out of 10 without medications. The worker reports using Nucynta occasionally, rarely, for severe pain not relieved by over-the-counter Tylenol and that Lyrica is used daily to offset the neuropathic burning pain. A 50% reduction in pain and functional improvement with activities of daily living with medications is reported. Urine drug screens are noted as appropriate. Objective findings (10-13-15) include a cold right upper extremity in comparison to the left, exquisite tenderness over the medial epicondyles with positive Cozen's maneuvers at the elbows, positive Phalen's and Tinel's signs in both hands, passive wrist range of motion is painful in extension and flexion, and Finkelstein's maneuvers are positive. Exam of the neck is reported as cervical compression, valsalva, and Hoffman's signs are negative, deep tendon reflexes are 1+ at the biceps, triceps and brachioradialis and 5 out of 5 strength in the upper extremity muscle groups tested. Previous treatment includes injections

(elbow, wrist, hand area), Vicoprofen, Lyrica, Nucynta, transcutaneous electrical nerve stimulation, and home exercise. A request for authorization for Lyrica and Nucynta is dated 10-15-15. The requested treatment of Nucynta IR 100mg #120 was non-certified on 10-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. 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, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Tapentadol (Nucynta).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS is silent regarding tapentadol. The ODG, however, states that tapentadol is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Tapentadol has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone; if patients on OxyIR complain of constipation, nausea, and/or vomiting, tapentadol might be considered as a second-line choice. In the case of this worker, Nucynta was added to her medication regimen in 2013 due to her complaint that other opioids had been causing significant nausea with their use. After beginning to use Nucynta, records show that she reported pain reduction and increased function with its use, but that it was used "rarely." Currently, Nucynta and Lyrica had been reported on as together providing benefit as before, but there was no report on how effective each medication was independent of one another. The worker again reported using Nucynta "rarely." Although Nucynta was appropriate over other opioids due to side effects, using it rarely is not justifying #120 pills for three months. It is questionable how medically necessary it is altogether if used rarely. Therefore, this request for Nucynta is not medically necessary.