

Case Number:	CM15-0040775		
Date Assigned:	03/11/2015	Date of Injury:	04/18/2011
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/03/2015

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, 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:

This 56 year old male sustained a work related injury on 04/18/2011. According to a progress report dated 12/16/2014, the injured worker complained of neck pain that increased with cold weather. Low back pain persisted with radiating pain down to the toes with numbness and tingling. Left shoulder pain was worse since the last visit. Pain radiated down to the left hand and fingers. He stated that he was not able to sleep due to pain. He only got about one hour of sleep. He currently was not working. He had significant sleep disturbance with nightmares and hallucinations. Overall, he was noting functional improvement and improvement in pain with his current medication regimen. Pain was rated 7 on a scale of 1-10 with the use of his medications and a 10 without medication. He noted improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of his current medication usage. Diagnoses included status post cervical spine fracture and subluxation, strain/sprain lumbar spine, adhesive capsulitis left shoulder, internal derangement right knee, status post sclera rupture of the globe left eye deferred to appropriate specialist, intracerebral hemorrhage defer to appropriate specialist, fracture of the ribs, fracture of the left scapula and clavicle, facial fracture deferred to appropriate specialist and repair of left scapular/clavicle fracture. His current medication regimen was not listed. According to a progress noted dated 01/05/2015, the injured worker felt that Nucynta ER had been helpful for his ongoing pain, but had caused constipation. Treatment plan included Kepra, Nucynta ER, Trazodone, Fioricet and trial Senokot-S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #60 twice daily as needed: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tapentadol (Nucynta), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that the medication is improving the patient's pain and function, and causing no intolerable side effects. It is acknowledged that the information about functional improvement is fairly nonspecific. Additionally, there is no documentation about an opiate agreement or discussion regarding aberrant use. However, a one-month prescription, as requested here, should allow the requesting physician time to better document those things. As such, the currently requested tapentadol (Nucynta) is medically necessary.