

Case Number:	CM13-0032489		
Date Assigned:	12/11/2013	Date of Injury:	07/10/2000
Decision Date:	01/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female who reported an injury on 07/10/2000. The mechanism of injury was repetitive injury due to cradling the telephone. Review of the medical record revealed the patient the patient complaints of residual neck pain radiating to the upper extremities. She reported decreased pain with medication, and no adverse reactions. Physical assessment revealed decreased sensation to the 2nd and 3rd digits to right hand. Cervical tenderness and hyper tonicity were also noted. The patient had undergone a cervical surgery on 12/02/2009, and had since received activity modification, medication therapy, and physical therapy. The most recent clinical note dated 08/08/2013 reported the patient complained of constant 7-8/10 neck pain that occurred in the morning and at night. The patient also complained of constant hand pain of 6-7/10. The patient medication regimen included Nucynta 50mg 1-2 tabs twice a day, Duragesic patch 75mcg applied every 72 hours, Senokot 4-6 tablets twice a day, and Voltaren gel 1% applied to affected area 3 times a day. Review of the medical record revealed the patient has been taking the requested medications since 09/20012 at a minimum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 75 mcg #10 x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 74-82, and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 74-82, and 93.

Decision rationale: California MTUS states duragesic patches are used to treat moderate to severe pain requiring continuous, around the clock opioid therapy. There have been failed attempts at other means of treatment. Duragesic patches should only be used in patients that are opioid therapy and tolerance has been developed. With on-going pain management, there must be documented pain relief, functional status, side effects to the medication, and appropriate medication use. There is no objective clinical findings provided in the medical record that follows the 4 A's required by California MTUS with on-going medication management. Also, the patient has been taking the requested medication for at least 1 full year and continues to have constant complaints of neck pain. The medical necessity of the requested medication has not been proven. As such the request for duragesic patch 75 mcg #10 x 6 months is non-certified.

Nucynta 50 mg 1-2 tablets bid #90 x 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta®).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta®).

Decision rationale: California MTUS ACOEM does not address Nucynta, however it does address on-going management with opioids. California MTUS states 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. Official Disability Guidelines states tapentadol is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no objective clinical documentation provided in the medical record providing any of the 4 domains requested. There is no clinical documentation of a functional change, pain relief, or side effects for the requested medication in the medical record. The patient continues to complain of constant pain. As such, the request for Nucynta 50 mg 1-2 tablets bid #90 x 6 months is non-certified.

Senokot 4-6 tabs po bid #180 x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Constipation is an adverse reaction from opioids. The request for Nucynta, and duragesic patches are not being certified. Thus, the patient will not be taking the opioid

medications that require the use of prophylactic treatment of constipation. California MTUS states prophylactic treatment of constipation is recommended with on-going opioid management. As such, the request for senokot 4-6 tabs po bid #180 x 6 months is non-certified.