

Case Number:	CM13-0062376		
Date Assigned:	12/30/2013	Date of Injury:	10/09/2002
Decision Date:	04/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Practice 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 67-year-old female who reported an injury on 10/09/2002. The mechanism of injury was not provided. The patient was noted to be taking MS Contin, Norco 10/325, and Voltaren anti-inflammatory as of 12/05/2012. The documentation dated 11/14/2013 revealed the patient was on Social Security disability. The patient had constant severe pain in the right knee that throbbed most of the time. The patient's pain was an 8/10 on the right knee and 6/10 on the left knee. The patient was noted to be utilizing MS Contin 60 mg 3 times a day and indicated that the Norco was no longer authorized. The patient indicated her pain was worse without it and was getting worse since the non-authorization of Norco. The patient was noted to take Valium 4 at night for leg cramps and anxiety and Voltaren gel for knee pain. The patient's diagnosis was noted to be internal derangement of the posterior horn of the medial meniscus of the knee. The request was made for refilled medications of MS Contin 60 mg 3 times a day for pain 90 tablets, Nucynta 100 mg tablets 4 times daily as needed for breakthrough pain 120 tablets, and Voltaren anti-inflammatory gel 1% apply 2 gm 4 times a day for bilateral knee pain 100 gm tube. The plan was noted to be the patient would stop the Norco for pain and the physician would put the patient on Nucynta for up to 4 times per day for breakthrough pain. The patient indicated she had 50% functional improvement with taking the medications versus not taking them. The patient was noted to be under narcotic contract with the physician's office and it was indicated urine drug screens were appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg, #120: 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), Nucynta (Tapentadol)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Ongoing Management Page(s): 60; 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain and that opiate dosing should not exceed 120 mg of oral morphine equivalents per day and if the patient is taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review indicated the patient's Norco had been discontinued. The patient was noted to have pain of a 6-8/10 and the pain was noted to be getting worse. The patient was noted to be on MS Contin 60 mg, which had been utilized since 12/05/2012, and there was a new prescription for Nucynta 100 mg tablets 4 times a day as needed for breakthrough pain. The oral morphine milliequivalents per day would be 326.8 with the addition of the Nucynta. There was a lack of documentation indicating the patient had a necessity for 120 tablets. Given the above, and the lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations, the request for Nucynta 100mg, #120 is not medically necessary.

MS Contin 60mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 & 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Ongoing Management; Opioids, dosing Page(s): 60; 78; 86.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain and there should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. Additionally, California MTUS recommends that dosing not exceed 120 mg of oral morphine equivalents per day and if the patient is taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient indicated she had a 50% improvement in pain with medications. However, the clinical documentation submitted for review failed to provide documentation that the patient had an objective improvement in function and an objective decrease in the VAS score. The oral morphine milliequivalents per day would be 326.8 with the addition of the Nucynta. The patient was noted to be on MS Contin 60 mg, which had been utilized since 12/05/2012, and there was a new prescription for Nucynta 100 mg tablets 4 times a day as needed for breakthrough pain. Given the above, the request for MS Contin 60mg, #90 is not medically necessary.

