

Case Number:	CM14-0124515		
Date Assigned:	08/11/2014	Date of Injury:	07/10/2006
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/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:

This is a 63-year-old male who sustained a remote industrial injury on 07/10/06 diagnosed with cervical facet syndrome, disc disorder of the cervical spine, cervical radiculopathy, and rotator cuff repair. Mechanism of injury occurred when the patient lifted a television camera and twisted, resulting in neck pain. The request for Nucynta (Tapentadol 50mg) #30 for the cervical spine and right shoulder was modified at utilization review to certify Nucynta (Tapentadol 50mg) #15 to allow for further documentation and/or weaning, as documentation provided does not demonstrate that the patient has gained objective functional improvement with the use of this medication and the patient's previous urine drug screen results were inconsistent. The most recent progress note provided is 01/30/14. Patient complains primarily of neck pain radiating from the neck down to the right arm. Physical exam findings reveal restricted range of motion of the cervical spine, tenderness of the cervical paravertebral muscles and bilateral trapezii, Spurling's maneuver causes pain, tenderness along the right-sided cervical facets, trigger point with radiating pain and twitch response on palpation at the cervical paraspinal muscles on the left, restricted range of motion of the right shoulder, tenderness to palpation of the right shoulder, globally decreased motor strength on the right, globally decreased deep tendon reflexes of bilateral upper extremities, and decreased sensation over the thumb, index finger, middle finger, and ring finger on the right side. Current medications include: Prilosec 40mg one tablet daily, Gabapentin 600mg one tablet 3 times a day, Naproxen 500mg one tablet twice daily, Lidoderm 5% patch apply for 12 hours per day, Nucynta Er 150mg one tablet twice daily, Nucynta 50mg one tablet 3 times a day, Prozac 60mg one tablet daily, and Xanax 1mg one tablet daily. It is noted that the patient's current regimen of medication optimizes function and activities of daily living, but the patient reports that the medications are less effective now. The treating physician is requesting medication refills and authorization for a CT scan. More recently on 06/25/14, the

patient was seen for a routine psychological/behavioral pain evaluation. This report highlights that the patient's overall psychological status remains stable and the patient has an effective/functional daily routine. Provided documents include a previous psychologist evaluation, a urine toxicology report dated 03/24/14 that highlights inconsistent results, and a supplemental report dated 01/06/14. The patient's previous treatments include cervical radiofrequency ablation, cervical fusions, TENS unit, medication, cervical epidural steroid injections, massage therapy, and physical therapy. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta (tapentadol 50mg) # 30, cervical spine right shoulder retro 6/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11,56,67-68,78,111-112,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use. Rather, the patient reports that the medications are less effective now. Provided documentation also includes a urine toxicology report that reveals inconsistent results, which are not addressed in a more recent progress note. Frequency of dosing is not specified in the request. For these reasons, the Nucynta (Tapentadol 50mg) # 30, cervical spine right shoulder retro 6/26/14 is not medically necessary.