

Case Number:	CM14-0131128		
Date Assigned:	09/16/2014	Date of Injury:	03/10/2009
Decision Date:	10/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family medicine and is licensed to practice in North Carolina. 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:

The patient is a 57-year-old that has a reported date of injury of 03/10/2009. The patient has the diagnoses of right shoulder pain status post decompression. Past treatment, modalities have included peripheral nerve block and physical therapy. Per the most recent progress reports from the requested physician dated 07/07/2014, the patient had complaints of increased right shoulder pain with numbness and tingling in the right arm. The physical exam noted swelling in the right shoulder with tenderness throughout the shoulder and extremely limited range of motion. The treatment plan included discontinuation of Norco and beginning Nucynta for breakthrough pain and upcoming shoulder manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #180: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tapentadol

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the ODG: Tapentadol is recommended as a second line agent in patients who develop intolerable side effects to first line opioids. It is indicated for the relief of moderate to severe acute pain. The drug shows a significant improvement in gastrointestinal tolerability compared to Oxycodone. Per the requesting physician's progress notes, the medication was prescribed in lieu of Norco for short acting medication for breakthrough pain especially for after the patient's upcoming manipulation. There is also mention in the history of present illness section of changing to an alternative medication that has less GI side effects and no APAP. The requested medication is indicated for acute pain. However, it is second line choice for patients who have intolerable side effects to first line opioids. There is no mention of specific intolerable side effects with first line opioid choices. The criteria set forth above for the use of the medication have not been met. Therefore, the request is not medically necessary.