

Case Number:	CM14-0138375		
Date Assigned:	09/05/2014	Date of Injury:	03/31/2009
Decision Date:	09/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 49 year old female with complaints of neck and low back pain. The date of injury is 3/31/09 and the mechanism of injury is impact injury walking into a refrigerator which led to her current symptoms. At the time of request for Nucynta ER 100mg #60, there is subjective (low back pain, neck pain, right shoulder pain) and objective (Restricted range of motion neck extension/flexion, pain with cervical spine rotation/extension/flexion, trigger point tenderness in paraspinal cervical spine and over the lower cervical facets, positive spurling's sign, restricted range of motion lumbar spine, positive straight leg raise right) findings, imaging findings (MRI lumbar spine 11/20/12 shows L4-5 degenerative changes with spondylolisthesis Grade I resulting in disc protrusion L4-5, facet arthropathy L5/S1, MRI cervical spine dated 11/28/12 shows disc bulging C3/4 thru C6/7, xray of the shoulder dated 9/20/13 was unremarkable), diagnoses (Sprain Right Rotator cuff, Cervical disc degeneration, chronic pain, Lumbar radiculitis, Degenerative Disc disease lumbar) and treatment to date (medications, exercise).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tapentadol(Nucynta).

Decision rationale: Per ODG treatment guidelines, Nucynta is a combination opioid with norepinephrine reuptake inhibition that is recommended for second line treatment of severe chronic pain. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Although this has all been documented, there is no documentation of failure of other first line long acting opioids such as oxycontin or mscontin. Therefore, the request for Nucynta is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a PPI may be added to an NSAID especially if being used for long term use if gastrointestinal symptoms are present. As there is no documentation of any adverse effects to pharmacotherapy, the request for omeprazole 20mg #60 is not medically necessary.