

Case Number:	CM14-0142404		
Date Assigned:	09/10/2014	Date of Injury:	07/10/2006
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational 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:

According to the provided medical reports, this is a 63-year-old man with an injury that occurred on 7/10/2006. Mechanism of injury was lifting a TV and twisting. He then complained of neck pain. The pain went all the way down the right arm. Patient ended up having a C5 through C7 anterior cervical fusion on 12/28/10. A CT scan on 10/15/12 showed neural foraminal narrowing C6-C7 C5-C6. The disputed treatment is Nucynta ER, 150 mg 60S X24 cnt according to the utilization review determination letter from 8/20/14. There is mention of a urine drug screen on 3/24/14 that was positive for biomarkers for alcohol, gabapentin was being prescribed at that time to be taken 3 times a day and was not present in the urine drug screen. There is a 2/27/14 progress report that indicates medications were Prilosec, gabapentin 600 mg one 3 times a day, naproxen 500 mg twice a day, Lidoderm 5% patch applied for 12 hours a day, Nucynta ER 150 mg twice a day, Nucynta 50 mg one 3 times a day. Subjectively pain levels had increased since last visit; there were no new problems or side effects. He is being seen for the neck pain radiating down from the neck to the right arm. Quality of sleep was fair. Activity levels were the same. He had seen the orthopedist. A 7/24/14 report from the prescribing physician referenced a previous utilization review determination that recommended weaning off the Nucynta ER and IR (long acting and short acting). The report states that the patient clearly needed them both to manage his pain and stay functional. Subjectively however the patient's pain had increased since last visit. An MRI of the neck was pending, exam showed range of motion was reduced in the neck, and tenderness was noted on palpation. There is tenderness over the right sided cervical facets and trigger point with radiating pain and twitch response. There is also right shoulder restricted motion with tenderness, and positive Hawkins. Neurologically in the upper extremities there were limitations in motor testing from pain, there was some decreased light touch sensation over the thumb, index, middle, and ring fingers on the right. Deep tendon reflexes biceps right 1/4 of

the right ,2/4 on the left, triceps the right 2/4 left. Diagnosis was cervical facet syndrome; disc disorder cervical; cervical radiculopathy right and rotator cuff repair right. The report again stated the patient was functional with the medications but no specific examples of function were noted. Quality of sleep is poor. There is mention of seeing the orthopedist. He is also under the care of a psychiatrist. Medications were refilled, patient was to continue the Nucynta ER 150 mg twice a day and continue the Nucynta 50 mg a day for breakthrough relief. These were decreased due to memory issues. Gabapentin was discontinued, Prilosec, naproxen and Lidoderm are continued. He had received the cervical neck brace which was reportedly helping his pain. He was using his TENS unit twice a day and that reportedly gave pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER Tablets, 150mg, 60s X24 CNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Opioid Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic), tapentadol

Decision rationale: Nucynta is the brand name for a medication called tapentadol. It comes in a short acting and long-acting form. This specific opiate medication is not discussed in the MTUS guidelines as it was FDA approved after 2009. ODG guidelines recommend use only as a 2nd line therapy for patients who develop intolerable adverse side effects of first-line opiates. It has efficacy similar to oxycodone. It carries the same risk that comes with any opioids. Use of this in both the extended-release and immediate release forms has been for at least 5 months. There is no indication that the patient was trialed on any first-line opiates prior to being placed on this. It is possible that he was as this is a chronic injury which is several years old. Opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). Other than to state that this is helping the patient be functional the documentation of the remainder of these factors is lacking to support the medical necessity for ongoing use of the opiate. MTUS guidelines also state that opiates should be discontinued when there is no overall improvement in function ,which is also not documented in the reports. There is no documentation that the opiate use has resulted in any specific increase in activities of daily living or participation in any independent home rehabilitation program; it is clear from the records the treatment is ongoing with multiple specialists and there is no indication of any reduction in dependence on treatment. The reports continually stated the patient says the pain is getting worse. Thus, taking into consideration the evidence and the guidelines continuing the Nucynta ER is not medically necessary.