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| Case Number: | CM14-0145565 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 09/25/2010 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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, Pain Medicine and is licensed to practice in Oklahoma and 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 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 injured worker is a 55-year-old female who reported an injury on 09/25/2010. The mechanism of injury was not included. The diagnoses included chronic pain with psychosocial implications and status post C5 to C7 fusion. The previous treatments include acupuncture, physical therapy, and medication management. The injured worker was reported to have severe itching with MS Contin use and nausea when using Opana, without improvement of pain. The orthopedic physician's progress note, dated 08/11/2014, noted the injured worker complained of neck pain radiating down both her upper extremities, with the right side affected greater than the left side, and occasional numbness and tingling in the right upper extremity. She also reported pain that interfered with her sleep and depression secondary to chronic pain. The physical examination noted range of motion of the cervical spine was 10 degrees of flexion, 10 degrees of extension, 20 degrees of rotation bilaterally, no distinct areas of motor weakness, no sensory deficits in the upper extremities, and full range of motion to the shoulders, elbows and hands. The upper extremity reflexes were not clear, as the documentation states, they were "2+ and symmetrical bilaterally at C5 and C7 on the left side and 1+ on the right side." It was noted the injured worker's pain level was a 5/10 with use of Nucynta 100 mg every 4 hours as necessary, an extended release form of Nucynta 200 mg every 12 hours, with a noted significant benefit using the Nucynta, including functional benefits such as being able to wash her hair easier, pick up objects easier, and moving without as much discomfort. The medications included Nucynta IR 100 mg tablet every 4 hours as needed for pain, Nucynta ER 200 mg every 12 hours, Cozaar, Pepcid, Reglan, Motrin 800 mg 3 times daily, and Voltaren 1% 4 times a day. The treatment plan recommended continued use of Motrin and Voltaren gel, Nucynta ER 200 mg every 12 hours, Nucynta IR 100 mg every 4 hours as needed, and to start Elavil 50 mg daily at bedtime. The physician noted a urine drug screen and CURES report were submitted. However, they

were not provided for review. He further noted the injured worker has had acupuncture with only brief episodes of improvement, she has had physical therapy, and she would likely not be a candidate for chiropractic treatment. It was noted a spinal cord stimulator trial and psychiatry consult will be considered in the future. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 100mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 07/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

Decision rationale: The request for Nucynta IR 100mg #180 is not medically necessary. The injured worker had neck pain radiating down both of her upper extremities, with the right side affected greater than the left, and occasional numbness and tingling of the right upper extremity. She was noted to have previously been taking Norco 10/325 mg 7 to 12 pills per day, to have had severe itchiness with a trial of MS Contin, nausea with a trial of Opana, and no analgesic benefit noted. The injured worker reported significant benefit with Nucynta IR 100 mg every 4 hours as needed and Nucynta ER 200 mg every 12 hours, noting improvement with washing her hair, picking up objects, and moving with less discomfort. The California MTUS Guidelines recommend opioids as a second line treatment of moderate to moderately severe pain, and for long term management of chronic pain when pain and functional improvements are documented. There should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The guidelines also state the lowest possible dose should be prescribed to improve pain and function, and recommend that dosing should not exceed 120 mg oral morphine equivalence per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The Official Disability Guidelines recommend Nucynta for moderate to severe chronic pain, as a second line opioid therapy, when intolerable adverse effects are documented with first line opioids. There is a lack of documentation of measured functional improvement. There was no documentation of assessment of adverse side effects with the use of Nucynta. There was no documentation of aberrant drug taking behavior. The prescribed Nucynta IR 100 mg every 4 hours and 200 mg of Nucynta ER every 12 hours adds up to a daily morphine equivalency dose of 367 mg. This is more than 3 times the recommended dosage. The injured worker is not documented to be followed by a pain management physician. Given the above, the continued use of Nucynta and the dosage prescribed are not supported at this time. Therefore, the request is not medically necessary.

