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| Case Number: | CM14-0148639 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 08/04/2000 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/12/2014 |

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 Internal Medicine, has a subspecialty in Nephrology 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:

The injured worker is a 48-year-old female who has submitted a claim for symptoms referable to the back associated with an industrial injury date of August 4, 2000. Medical records from 2014 were reviewed. The injured worker complained of persistent neck, shoulder and low back pain rated 7/10. Pain medications do help relieve of the symptoms allowing to slightly increasing activity level. She is currently not working. Urine drug screen on February 13, 2014 tested negative for methadone which is inconsistent with prescribed medications at that time. Examination of the neck and left shoulder showed tenderness and spasm over the cervical spine, more on the left; left shoulder pain on abduction, forward flexion and internal rotation; and diffuse dysesthesia of the left upper extremity. Examination of the lumbar spine showed tenderness and spasms over the lumbar facet joints; increased pain on lumbar extension; right SI joint tenderness; and diffuse dysesthesia to light touch over the right lower extremity. The diagnoses include low back pain, lumbar facet pain, right sacroiliitis, possible lumbar radiculopathy, and left shoulder pain. Treatment to date has included Nucynta, Methadone, Nortriptyline, Trazodone, Gabapentin, Effexor, Celebrex, Cyclogaba Cream, Flurbiprofen Cream, Mobic, Omeprazole, physical therapy and home exercise program. Utilization review from September 4, 2014 denied the request for NUCYNTA 50 MG Q6HRS #120 MED-73.4: TOTAL MD- 193.4. There is no description of pain relief provided, significant functional benefit or return to work. The documentation does not contain a urine drug screen indicating compliance and a signed opioid agreement. Also, total MED is in far excess of the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 Mg Q6hrs #120 MED-73.4: Total MD- 193.4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Tapentadol (Nucynta)

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Discontinuation of opioids is recommended when the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings. The guideline also recommends dosing not to exceed 120 mg oral morphine equivalents per day. In addition, ODG recommends Nucynta only as second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, injured worker has been on chronic Nucynta use dating as far back as February 2014. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. There was also no evidence of intolerance to first-line opioids. Moreover, urine drug screen performed on February 13, 2014 yielded inconsistent result, which is suggestive of aberrant drug-taking behavior. The guideline recommends discontinuation of opioids if there is no overall improvement in function and inconsistencies are noted in physical findings. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Nucynta 50 Mg Q6hrs #120 MED-73.4: Total MD- 193.4 is not medically necessary.