MAXIMUS Federal Services

| Case Number: | CM14-0093273 | | |
|---|---|---|---|
| Date Assigned: | 07/25/2014 | Date of Injury: | 01/26/2004 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 05/29/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

## 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 42 year old male was reportedly injured on January 26, 2004. The mechanism of injury is undisclosed. The most recent progress note, dated May 23, 2014 indicated that there were ongoing complaints of right hand pain. The physical examination demonstrated tenderness about the right hand, a well healed surgical scar, and no other findings were reported. Diagnostic imaging studies objectified a normal right shoulder, and older ulnar nerve deviants of approximately 2 millimeter. Previous treatment included multiple medications, surgical intervention, and pain management techniques. A request was made for multiple medications and was not certified in the pre-authorization process on May 29, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg. QTY: 150.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 74-78 of 127 Page(s): 74-78 OF 127.

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is to address the short term management of moderate to severe breakthrough pain.

When considering the date of injury, the injury sustained, the surgical interventions completed and the most current physical examination, there is no data presented to suggest this medication has any efficacy whatsoever. It is noted that the Nucynta allows for into the stands job, but again, the pain levels are unchanged and there is simply no data presented to suggest pain resolution, reduction of pain levels, or any other clinical parameter success. This request is not medically necessary.

**Soma 350mg QTY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009), Carisoprodol: Page 29 of 12 Page(s): 29 OF 127.

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is not recommended. This is not indicated for long term use; however, this is a commonly prescribed medication that has significant side effect profile. Therefore, when noting the injury sustained, the current physical examination and the complete lack of any indication that this is having any success, there is no data presented to establish the medical necessity the ongoing use of this medication. This request is not medically necessary.

**Nucynta 100 QTY: 150.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 24 of 127 Page(s): 24 OF 127.

**Decision rationale:** Nucynta (tapentadol) is synthetically derived centrally acting oral analgesic. It activates the mu opioid receptor and inhibits norepinephrine synaptic reuptake. Norepinephrine reuptake inhibition appears to have additive analgesic effect to that of the drug's opioid activity. Because no metabolic activation appears to be necessary for analgesia and no active metabolites have been identified, tapentadol may be a preferred analgesic. The use of tapentadol is supported by the Official Disability Guidelines (ODG) for a second line therapy for patients with intolerable adverse effects with first line opioids. The ODG also notes that when considering opioids for non-neuropathic pain, there should be documentation of discussion including the duration of treatment and plan for discontinuation. In the absence of sufficient clinical data supporting that this narcotic medication is being used within the guideline parameters set forth by the ODG, this request is medically necessary as his medication allows for a return to work.