

Case Number:	CM13-0067082		
Date Assigned:	01/03/2014	Date of Injury:	05/19/2011
Decision Date:	03/23/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on May 19, 2011. He has reported injury of both shoulders, arms, and the right knee. The diagnoses have included knee sprain, medial meniscus tear, chronic pain syndrome, and shoulder pain. Treatment to date has included radiological imaging, medications, physical therapy, left shoulder surgery, and right knee replacement. Currently, the IW complains of continued pain in the right knee, and both shoulders. He rates the pain severity as 4/10 on a pain scale. He reports numbness and weakness with pain radiation from the shoulders into the hands. Physical findings are noted as tenderness in the right knee over the patella. He was started on Tramadol 50 mg, and Nucynta 50 mg, on October 19, 2013. An evaluation on October 29, 2013, indicates he is having "inadequate help with medication". The Nucynta 50 mg was discontinued due to making him feel jittery. He was then started on Tramadol 150 mg long acting tablets, and the Tramadol 50 mg was continued for breakthrough pain. On December 2, 2013, Utilization Review non-certified Nucynta 50 mg tablet, one tablet by mouth every 6 hours, quantity #90 with one refill, and Nucynta 50 mg tablet, one tablet by mouth every 6 hours, quantity #90 and no refills, and Tramadol 50 mg (Ultram) tablet, one tablet by mouth every 6 hours as needed for breakthrough pain, quantity #90, based on Chronic Pain Medical Treatment, and ODG guidelines. On December 12, 2013, the injured worker submitted an application for IMR for review of Nucynta 50 mg tablet, one tablet by mouth every 6 hours, quantity #90 with one refill, and Nucynta 50 mg tablet, one tablet by mouth every 6 hours, quantity #90 and no refills, and Tramadol 50 mg (Ultram) tablet, one tablet by mouth every 6 hours as needed for breakthrough pain, quantity #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NUCYNTA 50MG TABLET, 1 TABLET BY MOUTH EVERY 6 HOURS , #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER (UPDATED 11/14/13), TAPENTADOL (NUCYNTA)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Nucynta is not indicated a medical necessity to the patient at this time.

TRAMADOL 50MG (ULTRAM) TABLET, 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR BREAKTHROUGH PAIN, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this

medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Tramadol is not indicated a medical necessity to the patient at this time.