

Case Number:	CM15-0123066		
Date Assigned:	07/07/2015	Date of Injury:	10/07/2004
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 68 year old female, who sustained an industrial injury on 10/7/04. The injured worker has complaints of upper extremity pain. The documentation noted that there is tenderness over the medial and lateral epicondyles and positive Phalen's and Tenel's signs at the ulnar grooves but no translation passively. Grip strength is mildly diminished in both hands. The diagnoses have included status post bilateral carpal tunnel releases with ongoing symptoms; history of bilateral upper extremity pain and neuropathic pain with chronic medial and lateral epicondylitis in the elbows. Treatment to date has included Lyrica; Nucynta; transcutaneous electrical nerve stimulation unit and exercise regimen. The request was for Nucynta 100mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 100mg #120 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post bilateral carpal syndrome; history bilateral upper extremity pain and neuropathic pain with chronic medial and lateral epicondylitis; history olecranon bursitis now stable; dysesthesias upper extremities possibly related to complex regional pain syndrome with neuropathic pain. The date of injury is October 7, 2004. The earliest progress note in the medical record dated March 20, 2012 shows the injured worker was prescribed Vicoprofen and Lyrica. Pain scale was 8/10. On February 19, 2013, the documentation shows the injured worker was prescribed Norco and Lyrica. Pain scale was 7/10. According to a November 13, 2014 progress, Nucynta was documented in the medical record. The start date is unclear because no progress notes are in the record between June 17, 2014 and November 13, 2014. There are no intolerable adverse effects noted with first-line opiates documented in the medical record. Nucynta was continued through May 28, 2015. Subjectively, the injured worker had upper extremity pain. The pain scored 8/10. Utilization review certification #1128484 recommended Nucynta for weaning. Additionally, there is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation with intolerable adverse effects of first-line opiates and documentation demonstrating objective functional improvement, Nucynta 100mg #120 is not medically necessary.