MAXIMUS Federal Services

Case Number:	CM15-0124644		
Date Assigned:	07/09/2015	Date of Injury:	07/10/1995
Decision Date:	09/22/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 55 year old female, who sustained an industrial injury on 7/10/1995. The mechanism of injury is injury from wrestling a suicidal patient to the ground. The current diagnoses are chronic cervical musculoligamentous sprain/strain injury with facet syndrome and transformed migraine, lumbar musculoligamentous sprain/strain, status post bilateral carpal tunnel release, fibromyalgia, recurrent DVT and pulmonary embolus, and narcotic dependency. According to the progress report dated 6/1/2015, the injured worker complains of severe neck pain with associated headaches. The level of pain is not rated. The physical examination of the cervical spine reveals moderate occipital tenderness with painful range of motion. The current medications are Nucynta, Cymbalta, Nortriptyline, and Flexeril. There is documentation of ongoing treatment with Nucynta since at least 9/10/2012. However, documentation indicates that Nucynta will be weaned as tolerated. Treatment to date has included medication management, x- rays, physical therapy, home exercise program, cervical collar, MRI studies, TENS unit, and epidural steroid injections. There is conflicting documentation regarding work status. One area describes her work status as permanent and stationary, whereas, another area in the same progress note mentions that she has returned to work. A request for Nucynta has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Tapentadol (Nucynta).

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

Decision rationale: The CA MTUS guidelines are silent regarding the use of Nucynta. According to the Official Disability Guidelines, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. This medication may be abused by crushing, chewing, snorting or injecting the product. These practices pose a significant risk to the abuser that could result in overdose and death. In this case, the guidelines note that this medication is a second line treatment following development of intolerable adverse effects with first-line opioids. The submitted medical records failed to provide documentation that the injured worker has failed first-line opioids or suffered adverse effects with first-line medications. In addition, the injured worker has a narcotic dependency. The medical necessity for ongoing use of Nucynta has not been established. Per guidelines, the request for Nucynta 75mg #90 is not medically necessary.