

Case Number:	CM15-0124956		
Date Assigned:	07/09/2015	Date of Injury:	01/30/2001
Decision Date:	09/10/2015	UR Denial Date:	05/26/2015
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: Pediatrics, 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 49 year old female, who sustained an industrial injury on 01/30/2001. The injured worker is currently not working. The injured worker is currently diagnosed as having postoperative right shoulder arthroscopy with postoperative development of chronic regional pain syndrome of the right upper extremity and left shoulder strain secondary to compensatory overuse with early development of chronic regional pain syndrome. Treatment and diagnostics to date has included consistent urine drug screen, home exercise program, and medications. In a progress note dated 01/08/2015, the injured worker presented with complaints of increasing pain due to her recent seizures that have become more violent. The injured worker's pain level was reported as 7-9 on a 0-10 pain scale which also states that this has remained the same since last visit. Objective findings include allodynia with attempted palpation to the cervical spine with tenderness to palpation and spasm and right shoulder tenderness to palpation and decreased range of motion. The treating physician reported requesting authorization for two different strengths of Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tapentadol (Nucynta).

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". Official Disability Guidelines (ODG) states that Nucynta is "recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids". The treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. In addition, there is no documentation stating that the injured worker failed use of first line opioids. These are necessary to meet Medical Treatment Utilization Schedule and Official Disability Guidelines. Therefore, based on the Guidelines and the submitted records, the request for Nucynta is not medically necessary.

Nucynta 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tapentadol (Nucynta).

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