

Case Number:	CM15-0129667		
Date Assigned:	07/16/2015	Date of Injury:	04/08/2005
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on April 08, 2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having complex regional pain syndrome of the right upper extremity, cervical spine sprain and strain, and right shoulder disease. Treatment and diagnostic studies to date has included medication regimen and a home exercise program. In a progress note dated June 08, 2015 the treating physician reports complaints of constant, severe, sharp, burning, pain to the cervical spine that radiates to the bilateral upper extremities with the right greater than the left along with associated symptoms of numbness and weakness. Examination reveals tenderness to the upper trapezius and the cervical paravertebral muscles with muscle spasms, decreased range of motion to the cervical spine, positive Spurling's test, swelling and hypersensitivity to the right upper extremity, and decreased range of motion to the right upper extremity with pain. The injured worker's medication regimen included Trazadone, Cymbalta, Klonopin, Ambien, Nucynta ER, and Lidoderm Patch. The injured worker's pain level was rated an 8 out of 10 on scale of 0 to 10 with the use of her medication regimen and the pain was rated a 10 out of 10 without the use of the injured worker's medication regimen. The treating physician also noted that the injured worker' medication regimen allows the injured worker to perform activities of daily living, improves the injured worker's sleep, and also improves the participation of the injured worker with her home exercise program. The treating physician requested the medication of Nucynta 200mg with a quantity of 30 for the treatment of tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 200 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Tapentadol (Nucynta ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Decision based on Non-MTUS Citation Nucynta ER prescribing information.

Decision rationale: The claimant sustained a work injury in February 2014 and is being treated for knee pain. When seen, there had been an 80% improvement after a corticosteroid injection. He was no longer having pain or aching with weight bearing. He had completed physical therapy. He was not taking any oral medications. Physical examination findings included medial joint line tenderness and mild patellofemoral tenderness with positive grind and inhibition testing. An MRI of the knee in May 2015 showed findings of chondromalacia. The claimant has a remote history of a work injury occurring in April 2005 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. Medications are referenced as decreasing pain from 10/10 to 8/10 and allowing the claimant to perform activities of daily living and a home exercise program and with improved sleep. When seen, there was decreased cervical spine and right upper extremity range of motion. There was tenderness with muscle spasms. Spurling's testing was positive. There was right upper extremity swelling and hypersensitivity. Medications being prescribed included Nucynta ER 200 mg once daily. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing a degree of pain control meaningful to the claimant with improved activities of daily living and exercise tolerance. However, Nucynta ER is administered at a frequency of twice daily (every 12 hours) and in this case, it was being prescribed once daily. Continued prescribing at this dosing is not medically necessary.