

Case Number:	CM15-0172230		
Date Assigned:	09/14/2015	Date of Injury:	07/10/1995
Decision Date:	10/20/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/01/2015

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

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 7-10-95. Medical record indicated the injured worker is undergoing treatment for chronic cervical musculoligamentous sprain-strain injury with facet syndrome and transferred migraine, lumbar musculoligamentous sprain-strain, right knee internal derangement, narcotic dependency, recurrent deep vein thrombosis and fibromyalgia. Treatment to date has included Nucynta 50mg (which she is currently in the process of weaning off), Cymbalta 60mg, Lyrica, Nortriptyline 10- 20mg and Flexeril, lumbar epidural steroid injection, knee injections and activity modifications. (MRI) magnetic resonance imaging of right knee performed on 1-18-15 revealed irregular appearance of the anterior horn and body of the lateral meniscus consistent with prior partial meniscectomy and blunting of free edge of posterior horn of lateral meniscus increased compared to prior exam an irregularity of the body. On 6-1-15, she complained of severe pain in neck with headache and noted medications helped her to function. Currently on 7-20-15, the injured worker complains of increased neck pain with stiffness after returning to work; she notes her medications are helpful and allow her to continue to function. It is unclear how long she has utilized Nucynta. Physical exam performed on 6-1-15 and on 7-20-15 revealed moderate cervical occipital tenderness and painful range of motion of cervical spine. A request for authorization was submitted on 7-24-15 for Nucynta 75mg #90, Cymbalta 60mg #30 and Nortriptyline 10-20mg. On 8-22-15, utilization review modified a prescription of Nucynta 75mg 390 to #36 noting it is not recommended for long term use and the injured worker was in the process of weaning off Nucynta.

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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The records indicate the patient has severe neck pain and headaches. The current request for consideration is Nucynta 75mg #90. The attending physician in his report dated 7/10/15, page (12b), notes the medications were helpful and allow her to continue to function. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is not pain assessment. There is no documentation of improved functional ability related to the medication. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the available medical records do not establish medical necessity for the request of Nucynta 75mg #90. The request is not medically necessary.